

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Jackson
 Permit #: _____
 Driller: Lynan Well
 Date drilling completed: 5/19/09

For Office Use Only:
 Aquifer: _____
 Well #: C13A
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Jackson County Utility Authority</u>	Latitude: <u>30° 41' 59"</u> Longitude: <u>88° 32' 07W</u>
Mailing Address: <u>1225 Jackson Ave</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Pascagoula Ms 39567</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 13' Twn 45' Rng 6W</u>
Telephone No. <u>(228) 762-069</u>	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of _____

Well / Borehole Data

Date drilling started: 5/11/09 Date drilling completed: 5/19/09 Hole depth: 300 Hole diameter: 78

Location of the source of any surface water used for drilling: city water

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): MDEQ

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump

Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: Test Well

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 12' feet above of below (circle one) land surface Date measured: 5/19/09

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 300 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: 5x4

Screen slot size: 1008 inches Setting depth: From 320 feet to 360 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. **If telescoped or more than one screen, describe on next page**

Form: OLWR-SWR-1A (04/08)

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: Jackson
Permit #: _____
Driller: Hyman Well
Date completed: 5/15/09
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: C134
Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Jackson County Utility Authority</u>	Latitude: <u>30°41'55" N</u> Longitude: <u>88°32'27" W</u>
Mailing Address: <u>1225 Jackson Ave.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Rayagoula MS 39567</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	<u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>13</u> T <u>41S</u> R <u>6W</u>
Telephone No. <u>228 762 0119</u>	Distance _____ Miles Direction <u>NW</u> Nearest Town _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5hp</u>
Date Pump Installed: <u>5/19/09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/19/09</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>12</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>28</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>16</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>16</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Josh Ledner 0640 _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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