

Well Driller Report and Well Log

County: JACKSON
Permit #: MS-GW-16602 /
Driller: LAYNE CHRISTENSEN
Date drilling completed: 10/07/10

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P. O. Box 2309
Jackson, MS 39225-2309
(601) 961-5210
(601) 354-6938 (fax)

For Office Use Only:
Aquifer:
Well #: C146
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)
Owner Name: JACKSON COUNTY UTILITY AUTH
Mailing Address: 1225 JACKSON AVENUE
PASCAGOULA MS 39567
Telephone No. (228) 762.0119
Well or Borehole Location
Latitude: 30-41-56 Longitude: 88-32-27
Method of Lat/Long: Conventional Survey
USGS quad, Hand-Held GPS, Survey-grade GPS
SE 1/4 NW 1/4 Sec 13 Twn 4S Rng 6W
Distance 4 Miles Direction N/NE of Nearest Town WADE

pp
7/15

Well / Borehole Data
Date drilling started: 9/15/10 Date well drilling completed: 10/07/10 Hole Depth: 394' Hole diameter: 21"
Location of the source of any surface water used for drilling: N/A
Method of dosing and volume of Chlorine used in drilling and development: N/A
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s): LAYNE CHRISTENSEN COMPANY, PENSACOLA, FL
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:
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 15 feet above or below (circle one) land surface Date measured: 10/07/10
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 394' Well grouted to a depth of: 245' Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 245 feet Casing diameter: 16 inches Type of casing: STEEL
Screen length: 100 feet Screen diameter: 10 inches Type of screen: STAINLESS STEEL
Screen slot size: 0.025 inches Setting depth: From 255 feet to 355 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: 153 feet. If telescoped or more than one screen, describe on next page

RECEIVED

Form: OLWR-SWR-1A
MAR 09 2012

BY: OLWR

The sketch below only required for water wells.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

If well telescopes, show depths on sketch.

Ground Level

Description of Formations Encountered	From	To
SAND	0	25
WHITE CLAY	25	60
SAND	60	75
CLAY	75	160
SAND	160	190
CLAY	190	235
SAND	235	360
CLAY	360	394

If more than one screen, show location of each on sketch.

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner's Name: JACKSON COUNTY UTILITY AUTHORITY

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

DAVE COOK 0692
Print Name of Responsible Licensee and License No.

3-1-12
Date

Dave Cook
Signature of Licensee

RECEIVED

MAR 09 2012

BY: OLWR

Timber Ridge

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 39225-2309
(601) 961-5210
(601) 354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: C.146
Elevation: _____

County: JACKSON
Permit #: MS-GW-16602
Driller: LAYNE CHRISTENSEN
Date Completed: 10/07/10

Copy information from block on Part 1

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 AUTH</u>	Latitude: <u>N30° 42' 38"</u> Longitude: <u>W88° 32' 41"</u>
Mailing Address: <u>1225 JACKSON AVENUE</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>PASCAGOULA</u> MS <u>39567</u>	USGS quad <input checked="" type="checkbox"/> Hand-Held GPS <input type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>15</u> T <u>4S</u> R <u>6W</u>
Telephone No. (<u>228</u>) <u>762.0119</u>	<u>SW</u> <u>SW</u> Distance Direction Nearest Town
	<u>4</u> Miles <u>N / NE</u> of <u>WADE</u>

Pump Type	Power Type
Circle One	Circle One
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): <u>--</u>
Other (specify): <u>--</u>	Horse Power Rating of Motor: <u>75</u>
Date Pump Installed: <u>11/1/2010</u>	Setting Depth: <u>148</u> feet
Rated Pump Capacity <u>1000</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level
Circle One	Circle One
Date Well Tested: <u>01/05/2011</u>	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>16</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40.5</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>24.5</u> Feet Below Land Surface	Well yielded <u>1107</u> GPM with a drawdown of
Test Pumping Rate: <u>1107</u> Gallons Per Minute	<u>24.5</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</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.

DAVE COOK 692 DAVE COOK MAR 09 2012
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer BY: OLWR

RECEIVED
MAR 09 2012
BY: OLWR