

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)

91'

For Office Use Only:

Aquifer:
Well #: D442
L. S. Elevation:
E-log #:

County: Jackson
Permit #:
Driller: Lyman Well
Date drilling completed: 10/11/18

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: Mississippi Export RR.
Mailing Address: 4519 McINNIS Ave
City: Moss Point MS Zip Code: 39563
Telephone No.: (228) 474-3381
Well or Borehole Location
Latitude: 30° 39' 11.14" N Longitude: 88° 29' 08.03" W
Method of Lat/Long: Hand-held GPS
USGS quad: N 1/4 SE 1/4 Sec 33 Twn 45 Rng 5W
Distance Direction Nearest Town

Well / Borehole Data
Date drilling started: 10/9/18 Date drilling completed: 10/11/18 Hole depth: 500 Hole diameter: 7 7/8
Location of the source of any surface water used for drilling: NA
Method of dosing and volume of Chlorine used in drilling and development:
Logs run: Electric Gamma Ray
Name of organization running log(s): TEACO
Purpose of borehole: Water Well Geotechnical/Geological Investigation
Seismic Survey Other (describe): Test Well
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well: Irrigation
If a flowing well, method of flow regulation:
Static Water Level: 40 feet above or below land surface Date measured: 10/11/18
Method of Measurement: electric tape
Well depth: 440 Well grouted to a depth of 15 feet Type of grout: Bentonite
Casing length: 400 feet Casing diameter: 4 inches Type of casing: PIC
Screen length: 40 feet Screen diameter: 4 inches Type of screen: Saw
Screen slot size: .006 inches Setting depth: From 400 feet to 440 feet
Type of completion: Natural Development
Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on next page

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OCT 18 2018
BY:
Form: OLWR-SWR-1A (04/08)

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)

For Office Use Only:

Acquifer: _____
 Well #: DA42
 Elevation: _____

County: Jackson

Permit #: _____

Driller: Lyman Well

Date completed: 10/11/18

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>Mississippi Export Railroad</u>	Latitude: <u>30°39'11.14" N</u> Longitude: <u>88°29'08.03" W</u>
Mailing Address: <u>4519 McJannet Ave</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Miss Point MS 39563</u> City State Zip Code	<u>NW</u> ¼ <u>SE</u> ¼ Sec <u>33</u> T <u>45</u> R <u>5W</u>
Telephone No. (<u>24</u>) <u>474-3381</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/> Turbine <input type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>10/11/18</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/11/18</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>55</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>75</u> GPM with a drawdown of
Test Pumping Rate: <u>75</u> Gallons Per Minute	<u>15</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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OCT 18 2018

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

Josh Ladner 0-640
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

D442

614

N30°39'14.4"

W 88°29'3.84"

Mississippi Export Railroad/ Budd

542 II

Black Spot MAGE
2018 Google

Imagery Date: 2/25/2012

30°39'11.84" N 88°29'12.40" W elev 95

Go

19 103

1992