

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: J. #28344
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: MS-6W-16173
Driller: Josh Ladner
Date drilling completed: 7/15/06

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>West Jackson County</u>	Latitude: <u>30° 28' 35"</u> Longitude: <u>88° 52' 29"</u>
Mailing Address: <u>7312 Rose Farm Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Ocean Springs MS 39564</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	____ 1/4 ____ 1/4 Sec <u>34</u> Twn <u>6S</u> Rng <u>9W</u>
Telephone No. <u>(228) 381-0447</u>	Distance Direction Nearest Town
	____ Miles ____ of _____

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 1/15/06 Date well drilling completed: 7/15/06

If flowing, method of flow regulation: Valve NA Other (describe) NA

Static Water Level: 71 feet above or below (circle one) land surface Date measured: 7/15/06

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

Hole depth: 782 Well depth: 780 Well grouted to a depth of 730 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 730 feet Casing diameter: 12 inches Type of casing: steel

Screen length: 40 feet Screen diameter: 8 inches Type of screen: SS rod base

Screen slot size: .010 inches Setting depth: From 740 feet to 780 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: 650 feet. If telescoped or more than one screen, describe on back of page

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

Name of organization running log(s): MDEQ

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

Josh Ladner 0-640
Print Name of Water Well Contractor and License No.

Josh Ladner **RECEIVED**
Signature of Water Well Contractor
AUG 23 2006

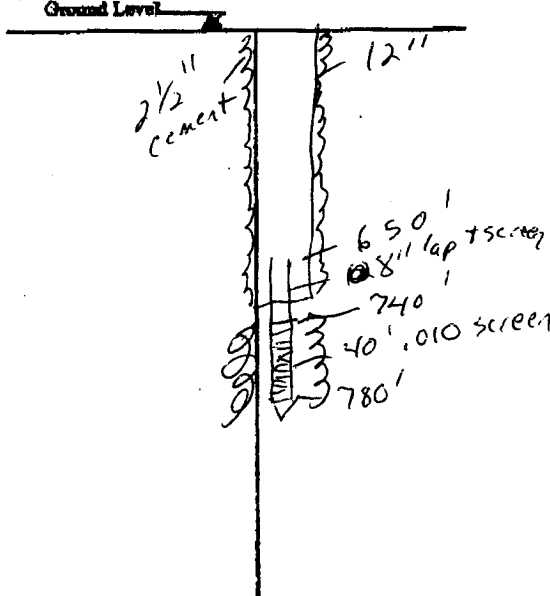
BY: OLWR

344
J-428

The sketch below only required for water wells

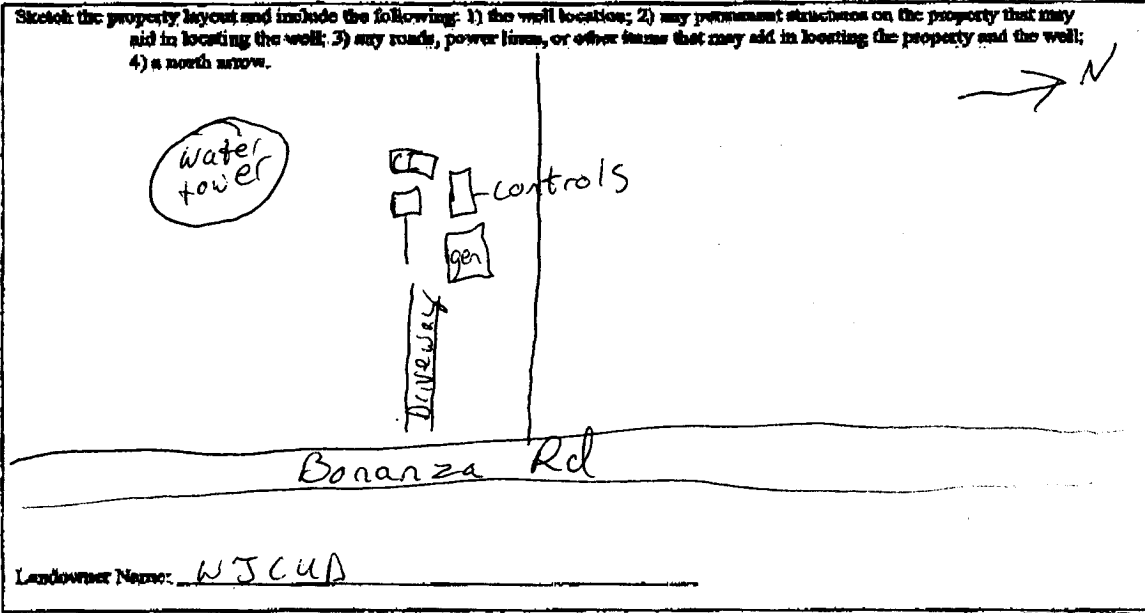
Description of formations encountered shall be provided for all wells and boreholes, unless specifically exempted by regulations

If well intersects, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
topsoil & sand	0	100
blue clay	100	370
sand	370	435
blue clay	435	720
sand	720	780

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



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.

Print Name of Responsible Licensee and License No. Josh Kadre / 0-640 Date 7/27/06 Signature of Licensee [Signature]

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BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Jackson
Permit #: MS-6W-16173
Driller: Josh Ladner
Date completed: 7/15/06

For Office Use Only:
Aquifer: 344
Well #: J-488
Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>West Jackson County UA</u>	Latitude: <u>30 28 35</u> Longitude: <u>88 52 29</u>
Mailing Address: <u>7312 Rose Farm Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Ocean Springs MS 3956-1</u>	_____ 1/4 _____ 1/4 Sec <u>34</u> Twn <u>65</u> Rng <u>9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>7/15/06</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/15/06</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>71</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>85</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>14</u> Feet Below Land Surface	Well yielded <u>500</u> GPM with a drawdown of
Test Pumping Rate: <u>200</u> Gallons Per Minute	<u>34</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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)

Josh Ladner
Signature of Pump Installer

RECEIVED

AUG 23 2006

BY: OLWR