

# 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-512  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Lyman Well  
Date drilling completed: 7/25/08

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>Jackson County Utility Authority</u>	Latitude: <u>30° 33' 00"</u> Longitude: <u>88° 45' 02"</u>
Mailing Address: <u>1225 Jackson Ave.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Pasc.</u> State: <u>MS</u> Zip Code: <u>39567</u>	<u>1/4 SW</u> <u>1/4</u> Sec <u>2</u> Twn <u>6S</u> Rng <u>8W</u>
Telephone No. <u>228 762-0119</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: 9/23/08 Date well drilling completed: 9/25/08

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

Static Water Level: 67 feet above or below (circle one) land surface Date measured: 9/25/08

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

Hole depth: 1000 Well depth: 940 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 890 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 4 inches Type of screen: SAW

Screen slot size: .008 inches Setting depth: From 890 feet to 940 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 back of page

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

Name of organization running log(s): MAEQ

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  
Signature of Water Well Contractor

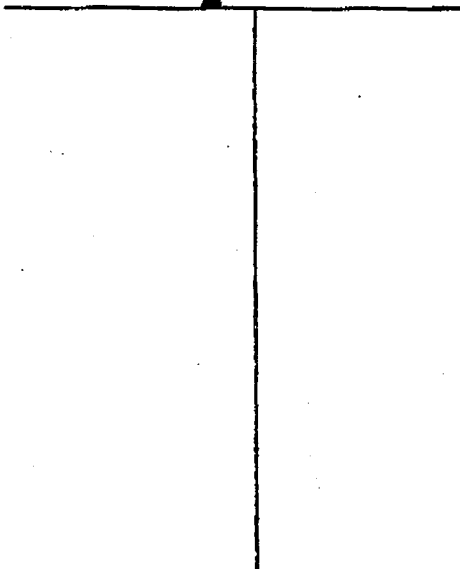
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J-512

The sketch below only required for water wells

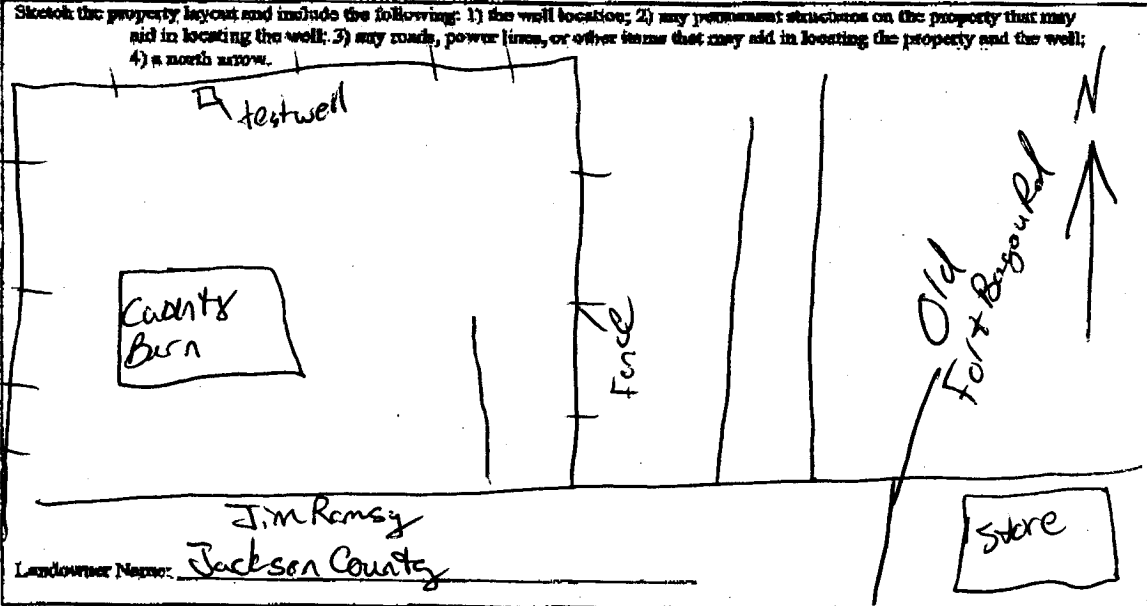
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulation

If well televiewer show depths on sketch  
Ground Level \_\_\_\_\_



Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	200
blue clay	200	430
sand	430	506
blue clay	506	760
silt	760	830
blue clay	830	850
medium sand	850	930
clay	930	1000

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.

Josh Kohner 0-6-10     10/8/08     [Signature]  
Print Name of Responsible Licensor and License No.     Date     Signature of Licensor

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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 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: J-512

Elevation: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Lyman Well  
Date completed: 9/25/08

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>Jackson County Utility Authority</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1225 Jackson Ave</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Rose</u> <u>MS</u> <u>39567</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 SW</u> <u>1/4 Sec 2</u> Twn <u>6S</u> Rng <u>8W</u>
Telephone No. <u>(228) 762-0119</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>9/25/08</u>	Setting Depth: <u>100</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>9/25/08</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>67</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>86.1</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>19.1</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>19.1</u> feet after <u>25</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>25</u> hours	

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

Josh Wagner 0-610  
Print Name of Pump Installer and License No. (if applicable)

Josh Leck  
Signature of Pump Installer

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