

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: Lynar Well
Date drilling completed: 5/19/11

For Office Use Only:
Aquifer: _____
Well #: J550
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° 32' 43"</u> Longitude: <u>88° 47' 12"</u>
Mailing Address: <u>1225 Jackson Ave</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>Pascagoula MS 39567</u>	<u>NW</u> 1/4 <u>NE</u> 1/4 Sec <u>9</u> Twn <u>6S</u> Rng <u>8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228 762-0119</u>	_____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 5/9/11 Date drilling completed: 5/19/11 Hole depth: 980 Hole diameter: 9 7/8

Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: Granular

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: 59' feet above or below (circle one) land surface Date measured: 5/25/11

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

Well depth: 950 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix

Casing length: 900 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 4 inches Type of screen: 5uW

Screen slot size: .008 inches Setting depth: From 900 feet to 950 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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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: J550
 Elevation: _____

County: Jackson

Permit #: _____

Driller: Lynar

Date completed: 6/1/11

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>JCUA</u>	Latitude: <u>30 32 43 N</u> Longitude: <u>88 47 12 W</u>
Mailing Address: <u>1225 Jackson Ave</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Pasc</u> <u>MS</u> <u>39567</u> City State Zip Code	<u>NW 1/4 NE 1/4</u> Sec <u>9</u> T <u>6S</u> R <u>8W</u>
Telephone No: <u>(28) 742-0119</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Pump Type	Power Type
Circle one Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Circle one Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> iston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor <input type="checkbox"/> TO
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>5</u>
Date Pump Installed: <u>6/1/11</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>10</u>

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Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tap
Static Water Level (A): <u>59</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>83</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>24</u> Feet Below Land Surface	Well yielded <u>81</u> GPM with a drawdown of <u>24</u> feet after <u>8</u> hours of pumping
Test Pumping Rate: <u>81</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

BY: OLWR

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

Josh Hadner
 Signature of Pump Installer