

County: JACKSON

Permit #: MS-GW-16585

Driller: LAYNE CHRISTENSEN

Date drilling completed: 9/23/09

**Well Driller Report and Well Log**  
 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 #: J 566

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 AUTH</u>	Latitude: <u>N30° 30' 40"</u> Longitude: <u>W 88° 50' 07"</u>
Mailing Address: <u>1225 JACKSON AVENUE</u>	Method of Lat/Long (circle one): <u>34</u> Conventional Survey <u>15</u>
<u>PASCAGOULA</u> MS <u>39567</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-Held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>SW</u> <u>04</u> <u>NE</u> <u>1/4</u> Sec <u>24</u> TwN <u>6S</u> Rng <u>9W</u>
Telephone No. ( <u>228</u> ) <u>762.0119</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>WEST</u> of <u>VANCLEAVE</u>
Well / Borehole Data	
Date drilling started: <u>8/11/09</u> Date well drilling completed: <u>9/23/09</u> Hole Depth: <u>970'</u> Hole diameter: <u>21"</u>	
Location of the source of any surface water used for drilling: <u>N/A</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</u>	
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): <u>LAYNE-CHRISTENSEN COMPANY, JACKSON, MS</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block.</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply <input checked="" type="checkbox"/> Irrigation _____ Fish Culture _____ Other: <u>--</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) <u>--</u>	
Static Water Level: <u>68</u> feet above or <input checked="" type="checkbox"/> below (circle one) land surface Date measured: <u>9/23/2009</u>	
Method of Measurement (circle one) steel tape <input checked="" type="checkbox"/> electric tape _____ air line _____ other: <u>--</u>	
Well depth: <u>970'</u> Well grouted to a depth of: <u>860'</u> Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>860</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>STEEL</u>	
Screen length: <u>90</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>STAINLESS STEEL</u>	
Screen slot size: <u>0.020</u> inches Setting depth: From <u>870</u> feet to <u>960</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel Packed <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open Hole <input type="checkbox"/> Natural Development	
Other (describe): <u>--</u>	
Top of lap pipe or reduction in casing: <u>768</u> feet. <i>If telescoped or more than one screen, describe on next page.</i>	

**RECEIVED**  
Form: OLWR-SWR-1A

MAR 09 2012

BY: OLWR

W. D. Flower J566

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

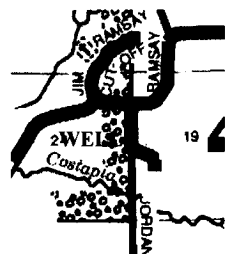
Description of Formations Encountered	From	To
TOP SOIL	0	
RED SAND CLAY	0	25
SAND	25	50
CLAY	50	55
SAND	55	175
CLAY	175	180
SAND	180	225
CLAY, SAND STREAKS	225	310
SAND	310	320
CLAY	320	340
SAND	340	360
CLAY, SAND STREAKS	360	450
SAND	450	495
CLAY SAND	495	625
SAND	625	655
CLAY	655	725
SAND	725	730
CLAY, SAND STREAKS	730	755
SAND	755	825
CLAY	825	850
CLAY	850	1000
CLAY	1000	1005
SANDY CLAY	1005	1025
CLAY	1025	1035

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.

NORTH





NOT TO SCALE

Landowner's Name: JACKSON COUNTY UTILITY AUTHORITY

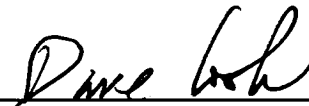
Form: OLWR-SWR-1A

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.

Date

Signature of Licensee



**RECEIVED**  
 MAR 09 2012  
 BY: OLWR

Wildflower

# 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 #: J566

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

County: JACKSON

Permit #: MS-GW-16585

Driller: LAYNE CHRISTENSEN

Date Completed: 9/23/09

**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 UTIL AUTH</u>	Latitude: <u>N30° 30' 40" 3A</u> Longitude: <u>W88° 50' 07" 15</u>
Mailing Address: <u>1225 JACKSON AVENUE</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>PASCAGOULA</u> <u>MS</u> <u>39567</u>	USGS quad <input checked="" type="checkbox"/> Hand-Held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SW</u> <sup>or</sup> <u>NE</u> <u>1/4</u> Sec <u>24</u> T <u>6S</u> R <u>9W</u>
Telephone No. ( <u>228</u> ) <u>762.0119</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>WEST</u> of <u>VANCLEAVE</u>

Pump Type Circle One	Power Type Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>--</u>
Other (specify): <u>--</u>	Horse Power Rating of Motor: <u>125</u>
Date Pump Installed: <u>4/8/10</u>	Setting Depth: <u>106</u> feet
Rated Pump Capacity <u>1500</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>10/26/10</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>18</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>17</u> Feet Below Land Surface	Well yielded <u>1783</u> GPM with a drawdown of
Test Pumping Rate: <u>1783</u> Gallons Per Minute	<u>22.7</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

RECEIVED

I hereby certify that the above statements are true to the best of my knowledge.

DAVE COOK

692

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

MAR 09 2012

BY: OLWR