

County: JACKSON

Permit #: MS-GW-16603

Driller: LAYNE CHRISTENSEN

Date drilling completed: 9/4/09

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 #: J567

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>JACKSON COUNTY UTILITY AUTH</u>	Latitude: <u>N 30° 32' ⁵⁸42"</u> Longitude: <u>W 88° ⁴⁵44' ⁰¹55"</u>
Mailing Address: <u>1225 JACKSON AVENUE</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>PASCAGOULA MS 39567</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-Held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<input checked="" type="checkbox"/> SE 1/4 <input type="checkbox"/> SE 1/4 Sec <u>2</u> ✓ TwN <u>6S</u> ✓ Rng <u>8W</u> ✓
Telephone No. (<u>228</u>) <u>762.0119</u>	<input checked="" type="checkbox"/> NE Distance <u>3</u> Miles Direction <u>N / NW</u> of Nearest Town <u>VANCLEAVE</u>

Well / Borehole Data

Date drilling started: 8/12/09 Date well drilling completed: 9/4/09 Hole Depth: 970' Hole diameter: 21"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: N/A

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

Name of organization running log(s): LAYNE-CENTRAL, JACKSON, MS

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: --

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 09/04/09

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

Well depth: 970' Well grouted to a depth of: 865' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 865 feet Casing diameter: 16 inches Type of casing: STEEL

Screen length: 100 feet Screen diameter: 10 inches Type of screen: STAINLESS STEEL

Screen slot size: 0.020 inches Setting depth: From 870 feet to 970 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: 760 feet. *If telescoped or more than one screen, describe on separate page.*

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Form: OLWR-SWR-1A
MAR 09 2012
BY: OLWR

State Well Report

Jim Ransey

County: JACKSON

Permit #: MS-GW-16603

Driller: LAYNE-CHRISTENSEN

Date Completed: 09/04/09

Copy information from block on Part 1

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 #: J567

Elevation: _____

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 UTILITY AUTH</u>	Latitude: <u>N 30° 32' 42"</u> Longitude: <u>W 88° 44' 53"</u>
Mailing Address: <u>1225 JACKSON AVENUE</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>PASCAGOULA MS 39567</u>	USGS quad <input checked="" type="checkbox"/> Hand-Held GPS <input type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>SE ¼ SE ¼ Sec 2 T 6S R 8W</u>
Telephone No. (<u>228</u>) <u>762.0119</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>N/NW</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 checked="" type="checkbox"/> Turbine	<input checked="" 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>75</u>
Date Pump Installed: <u>03/15/2010</u>	Setting Depth: <u>164</u> feet
Rated Pump Capacity <u>1000</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>12/20/10</u>	Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): <u>---</u>
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>1044</u> GPM with a drawdown of
Test Pumping Rate: <u>1044</u> Gallons Per Minute	<u>30</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

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) *Dave Cook* Signature of Pump Installer

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MAR 09 2012
BY: OLWR