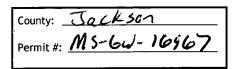
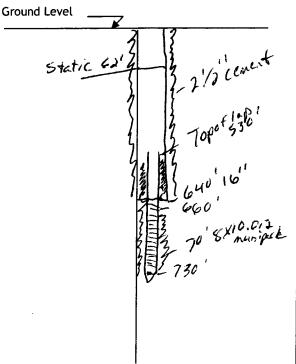
	STATE	WELL REPOR	т	
County: Jackson	SIAIE	Part 1		For Office Use Only:
Permit #: <u>M56W-16967</u>		riller's Log	12.14	Well #:
Driller: Lyman Well		ment of Environmental and and Water Resource		Aquifer:
Date drilling completed: 7/28/2014		P.O. Box 2309 on, MS 39225-2309	111	E-Log #:
		(601)961-5210 1)360-0535 (fax)	- L	
State Law requires that this report			ible for th	a work and filed with the
Department at the above address w	ithin 30 days of co			
Well Owner Informati (Landowner if borehole is not for	on a water well)			nole Location
Owner Name: Jackson Cours	et. Utility	Latitude: 20-777	.27Long	gitude: 584619.44 W
Mailing Address: 1225 Jack	on Ave	Method of Lat/Long (d	check one)	: Conventional Survey,
		USGS quad, Han	d-held GP	S, Survey-grade GPS
Pascagoule MS City State	3956) Zip Code	NW 1/4 NE	1/4, Sec_1	5 T 5 R 8W
Telephone No. (228) _762-0		Miles (Distance) (Dire	of	(Nearest Town)
	<u> </u>			(//////////////////////////////////////
Date drilling started: 6/08/2014 Date	Well / B	orehole Data	721	1 16.800
		1.1	n: <u>7 30</u>	Hole diameter:
Location of the source of any surface w			1	
Method of dosing and volume of Chlorin	~ ~			
Logs run (circle all applicable): No log ru		na Ray Density Sonic	Neutron	Other:
Name of organization running log(s):				
Purpose of borehole (circle one) (Water )	Well Geotechnic	al/Geological Investigat	ion Gr	ound Source Heat Pump
		describe)	_	
If drilling is not relat	ted to water well co	nstruction, skip the ren	nainder o	f this block
Purpose of Well (circle all applicable): H	ome Industrial (	Public Supply Irriga	tion Fis	h Culture
Other (describe):				
If a flowing well, method of flow regulat				
Static Water Level: <u>62</u> feet [	above or below] (circle one)	land surface Date m	easured:_	7/3//2014
Method of measurement (circle one): Ste				11.
Well depth: 730 Well grouted to a d				the second se
Casing length: <u>640</u> feet Casi	ing diameter:	inches T	ype of cas	ing: <u>Steel</u>
Screen length:feet Scr	een diameter:	X10_inches T	ype of scr	een: Munipack
Screen slot size: . 012 inches	Setting depth:	From <u>660</u>	feet to _	730 feet
Type of completion (circle all applicable)	Gravel packed	Underreamed Ope	n hole	Natural Development VED
Other (describe):				ATTC 0 5 2014
Top of lap pipe or reduction in casing:	530 feet			AUUUUULUIY
		e screen, describe on n	ext page	BY OWP
MSDH # 0300164	-08			Form: OLWR-SWR-1A (4/13)



For	· Office Use Only:
Well #: _	J590

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From ( <i>depth</i> )	To (depth)
Sind	Ground level	70'
Sind blueclay Fire sand	70	640
Fine sand	70 640	730'

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) north arrow

See Map

RECEIVED

AUG 0 5 2014

EY OLWA

Landowner Name:

I HEREBY 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 hadner 0-640	814/2014	6	h	
Print Name of Responsible Licensee and License No.	//Date		Signature of Licensee	-
		7	Form: OLWR-SWR-1A (	4/13)

GW 16967 STATE WELL REPORT Part 2 County: Tack Son For Office Use Only: **Pump Installer's Completion Report** Permit #: <u>MS-6w-16967</u> Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources Driller: Lyman Well P.O. Box 2309 Well #: J-590 Jackson, MS 39225 Date completed: <u>9/16/20/4</u> (601)961-5210 Elevation: (601)961-5228 (fax) 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 Latitude: 30°3/51.271 Longitude: 88 44 19 Owner Name: Jackson County Utility 30-31-50.56 88-46 -19.19 Method of Lat/Long (check one): Conventional Survey Mailing Address: 1225 Jackson Ave USGS quad\_\_\_\_, Hand-held GPSL\_\_\_, Survey-grade GPS\_\_\_\_ Scare Zip Code NW 1/4 NE 1/4 Sec 15 T KS R Nearest Town Direction Distance Telephone No. (228) 762 - 0115 Pump Type **Power Type** Circle one Circle one Air Lift Jet Submersible **Diesel Engine** Gasoline Engine Natural Gas Bucket Piston Jurbine) Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor: 125Other (specify): Date Pump Installed: \_\_\_\_\_\_ 210 feet Setting Depth: Rated Pump Capacity: 1000 Gallons Per Minute 5 Number of Stages: **Pump Test Data** Method of Measuring Water Level Circle one Date Well Tested: 8/7/2014 Electric Measuring Line Air Line Steel Tape Static Water Level (A): 62 Feet Below Land Surface Other (specify): \_\_\_\_ Pumping Water Level (B): 157,1 Feet Below Land Surface Drawdown [(B) - (A)]: 95 Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_\_ feet Test Pumping Rate: \_/000 Gallons Per Minute Well yielded 1000 GPM with a drawdown of feet after <u>24</u> hours of pumping 99 Duration of Pump Test (minimum 4 hours): 24 hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Tash hadner - 0840 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Form: OLWR-SWR-18 (04)08 711

LivH