

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: J-590
Aquifer: _____
E-Log #: _____

County: Jackson
Permit #: MS6W-16967
Driller: Lyman Well
Date drilling completed: 7/28/2014

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Jackson County Utilities</u>	Latitude: <u>30°31'51.27" N</u> Longitude: <u>88°46'19.24" W</u>
Mailing Address: <u>1225 Jackson Ave</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Pascagoula</u> <u>MS</u> <u>39567</u>	USGS quad _____, NW <u>1/4</u> NE <u>1/4</u> , Sec <u>15</u> T <u>8S</u> R <u>8W</u>
City State Zip Code	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(228) 762-0119</u>	

Well / Borehole Data

Date drilling started: 6/28/2014 Date drilling completed: 7/28/2014 Hole depth: 730' Hole diameter: 16"x10"

Location of the source of any surface water used for drilling: NA

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): TEACO

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): NA

If a flowing well, method of flow regulation: Valve NA Other (describe) NA

Static Water Level: 62' feet [above or below] land surface Date measured: 7/31/2014
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): NA

Well depth: 730 Well grouted to a depth of: 640 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 640 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 70 feet Screen diameter: 8x10 inches Type of screen: Muripack

Screen slot size: .012 inches Setting depth: From 660 feet to 730 feet

Type of completion (circle all applicable) Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 530 feet

If telescoped or more than one screen, describe on next page

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MSDH # 0300164-08

GW 16967

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 #: J-590

Elevation: _____

County: Jackson
Permit #: MS-6W-16967
Driller: Lyman Well
Date completed: 9/16/2014

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 Utility</u>	Latitude: <u>30° 31' 51.27" N</u> Longitude: <u>88° 46' 19.24" W</u>
Mailing Address: <u>1225 Jackson Ave</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>50.56</u>
<u>Pascagoula</u> MS <u>39567</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>15</u> T <u>25</u> R <u>8W</u>
Telephone No. <u>(228) 762-0115</u>	Distance _____ Direction _____ Nearest Town <u>65</u>
	_____ Miles _____ of _____

30-31-50.56
88-46-19.19

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>125</u>
Date Pump Installed: <u>9/16/2014</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/17/2014</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>62</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>157.1</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>95</u> Feet Below Land Surface	Well yielded <u>1000</u> GPM with a drawdown of
Test Pumping Rate: <u>1000</u> Gallons Per Minute	<u>99</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Josh Ladner - 0840
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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