

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)

For Office Use Only:

Aquifer: _____
Well #: K692
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Lynar Well
Date drilling completed: 5/12/12

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>JCUA</u>	Latitude: <u>30° 31' 59"</u> Longitude: <u>88° 41' 47"</u>
Mailing Address: <u>1225 Jackson Ave</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Pasagoula MS 39567</u>	<u>SE</u> ¼ <u>NW</u> ¼ Sec <u>9</u> Twn <u>6S</u> Rng <u>7W</u>
City: _____ State: _____ Zip Code: _____	Distance _____ Miles Direction _____ of _____ Nearest Town _____
Telephone No. <u>(228) 762-0119</u>	

Well / Borehole Data

Date drilling started: 5/3/12 Date drilling completed: 6/12/12 Hole depth: 1000 Hole diameter: 6 3/4

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

Method of dosing and volume of Chlorine used in drilling and development: _____

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: 73 feet above or below (circle one) land surface Date measured: 6/12/12

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

Well depth: 320 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 280 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: S&W

Screen slot size: .008 inches Setting depth: From 280 feet to 320 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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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 #: K92
 Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Lynnar Well
 Date completed: 6/19/2012
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 31 59 N</u> Longitude: <u>88 41 47 W</u>
Mailing Address: <u>1225 Jackson Ave</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> , USGS quad <input type="checkbox"/> , Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
<u>Pascagoula MS 39569</u> City State Zip Code	<u>SE 1/4 NW 1/4 Sec 9 T 6S R 7W</u>
Telephone No: <u>(228) 762-0119</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Submersible <input checked="" type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Bucket <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/>
Turbine <input type="checkbox"/>	Hand <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Windmill <input type="checkbox"/>
Rotary <input type="checkbox"/>	Other (specify): _____
Flowing Well <input type="checkbox"/>	Horse Power Rating of Motor: <u>5</u>
Other (specify): _____	Setting Depth: <u>140</u> feet
Date Pump Installed: <u>6/15/2012</u>	Number of Stages: <u>10</u>
Rated Pump Capacity: <u>85</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>6/19/2012</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>73</u> Feet Below Land Surface	Electric Measuring Line <input checked="" type="checkbox"/>
Pumping Water Level (B): <u>121</u> Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown [(B) - (A)]: <u>48</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>100</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>100</u> GPM with a drawdown of <u>48</u> feet after <u>4</u> hours of pumping

This is for (circle one) New Well Replacement of Existing Pump Repair of Existing Pump

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BY: OLWR

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

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

[Signature]
 Signature of Pump Installer