

VANCLEAVE

County: JACKSON

Permit #: MS-GW-16611 ✓

Driller: LAYNE CHRISTENSEN

Date drilling completed: 11/06/09

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 #: K696

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>N30° 30' 14"</u> Longitude: <u>W 88° 42' 10"</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"/> NE 1/4 <input checked="" type="checkbox"/> NW 1/4 Sec <u>20</u> Twn <u>6S</u> Rng <u>7W</u>
Telephone No. (<u>228</u>) <u>762.0119</u>	<input type="checkbox"/> SW <input type="checkbox"/> SE Direction Nearest Town
	Distance _____ Miles of <u>VANCLEAVE</u>

Well / Borehole Data

Date drilling started: 10/01/09 Date well drilling completed: 11/06/09 Hole Depth: 760' 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: 58 feet above or below (circle one) land surface Date measured: 11/06/09

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

Well depth: 760' Well grouted to a depth of: 670' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 670 feet Casing diameter: 16 inches Type of casing: STEEL

Screen length: 80 feet Screen diameter: 10 inches Type of screen: STAINLESS STEEL

Screen slot size: 0.020 inches Setting depth: From 680 feet to 760 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: 579 feet. *If telescoped or more than one screen, describe on next page.*

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Form: OLWR-SWR-1A

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BY: OLWR

Vancluse

K696

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.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	0
SOFT CLAY	0	15
SANDY CLAY	15	100
SAND	100	175
CLAY	175	300
SAND CLAY	300	330
SAND	330	380
CLAY	380	470
SAND	470	490
CLAY	490	670
SAND	670	775

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.

3-1-12
Date

Dave Cook
Signature of Licensee

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State Well Report

Vancleave

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)

County: JACKSON

Permit #: MS-GW-16611

Driller: LAYNE CHRISTENSEN

Date Completed: 11/06/09

Copy information from block on Part 1

For Office Use Only:

Aquifer: _____

Well #: K696

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 UTIL AUTH</u>	Latitude: <u>N 30° 30' 24"</u> Longitude: <u>W 88° 42' 10"</u>
Mailing Address: <u>1225 JACKSON AVENUE</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> 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>NE</u> ¼ <u>NW</u> ¼ Sec <u>21</u> T <u>6S</u> R <u>7W</u>
Telephone No. (<u>228</u>) <u>762.0119</u>	<u>SW</u> <u>SE</u> Distance Direction Nearest Town
	_____ Miles _____ of <u>VANCLEAVE</u>

Pump Type Circle One	Power Type Circle One
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>3/31/2010</u>	Setting Depth: <u>186</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>6/04/2010</u>	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>62</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>7</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>55</u> Feet Below Land Surface	Well yielded <u>1163</u> GPM with a drawdown of
Test Pumping Rate: <u>1038</u> Gallons Per Minute	<u>57</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

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

DAVE COOK 692 *Dave Cook*
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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