

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 #: L0206
Aquifer: _____
E-Log #: _____

County: Jackson
Permit #: ~~XXXXXXXXXX~~
Driller: Lyman
Date drilling completed: 9/30/2016

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>JCUA</u>	Latitude: <u>30 31 46.66 N</u> Longitude: <u>88 32 34.36 W</u>
Mailing Address: <u>11100 Hwy 57</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Vanceleve MS 39565</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NE 1/4 NW 1/4, Sec 13 T 65 R 6W</u>
Telephone No. <u>(208) 591-1135</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 9/30/16 Date drilling completed: 9/30/16 Hole depth: 160 Hole diameter: 10"
Location of the source of any surface water used for drilling: NA
Method of dosing and volume of Chlorine used in drilling and development: Bleach
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) Test well for 17302

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): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 10' feet [above or below] land surface Date measured: 9/30/16
(circle one)
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
Well depth: 100 Well grouted to a depth of: 15 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 60' feet Casing diameter: 6" inches Type of casing: PVC
Screen length: 40' feet Screen diameter: 6" inches Type of screen: saw
Screen slot size: .012 inches Setting depth: From 60' feet to 100' feet
Type of completion (circle all applicable): Gravel packed Underreamed 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

This is a test well, the production well is not drilled yet as confirmed by phone. LWM 11/7/17

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

For Office Use Only:

Well #: 10206
Aquifer: _____

County: Jackson
Permit #: _____
Driller: Lynan
Date completed: 10/12/16
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>303146.66N</u> Longitude: <u>883234.36W</u>
Mailing Address: <u>1100 HWY 57</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vancleave</u> <u>MS</u> <u>39365</u>	<u>NE 1/4 NW 1/4</u> , Sec <u>13</u> T <u>25</u> R <u>6W</u>
City State Zip Code	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(228) 591-1135</u>	

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 10/11/16 Rated Pump Capacity: 350 Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 25 Setting Depth: 90 feet Number of Stages: 5

Pump Test Data for Non Flowing Well
Date Well Tested: 10/12/16 Duration of Pump Test (minimum 4 hours): 24 hours
Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 31 Feet Below Land Surface
Drawdown [(B) - (A)]: 21 Feet Below Land Surface Test Pumping Rate: 350 Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
Measured shut in head: NA feet.
Well yielded NA GPM with a drawdown of NA feet after NA hours of pumping

Meter Installation
Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: _____
Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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)

11/1/16
Date

[Signature]
Signature of Pump Installer

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