

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 #: LO207
Aquifer: _____
E-Log #: _____

County: Jackson
Permit #: ~~_____~~
Driller: Lyman Well
Date drilling completed: 10/4/16

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 48.32 N</u> Longitude: <u>88 32 39.77 W</u> |
| Mailing Address: <u>11100 Hwy 57</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Vanclave</u> MS <u>39565</u> | <u>NW 1/4 NW 1/4, Sec 13 T 6 S R 8 W</u> |
| City State Zip Code | _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town) |
| Telephone No. <u>228) 591-1135</u> | |

| Well / Borehole Data |
|---|
| Date drilling started: <u>9/30/16</u> Date drilling completed: <u>10/4/16</u> Hole depth: <u>105</u> Hole diameter: <u>10"</u> |
| Location of the source of any surface water used for drilling: <u>NA</u> |
| Method of dosing and volume of Chlorine used in drilling and development: <u>Bleach</u> |
| Logs run (circle all applicable): No log run <input type="checkbox"/> <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ |
| Name of organization running log(s): <u>TEACO</u> |
| Purpose of borehole (circle one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) <u>Test Well for GW-17301</u> |

If drilling is not related to water well construction, skip the remainder of this block

| |
|---|
| Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> |
| Other (describe): _____ |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ |
| Static Water Level: <u>10'</u> feet [above or below] land surface Date measured: <u>10/4/16</u> <small>(circle one)</small> |
| Method of measurement (circle one): Steel tape <input type="checkbox"/> <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____ |
| Well depth: <u>100</u> Well grouted to a depth of: <u>15</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix |
| Casing length: <u>100'60</u> feet Casing diameter: <u>6</u> inches Type of casing: <u>PVC</u> |
| Screen length: <u>40</u> feet Screen diameter: <u>6</u> inches Type of screen: <u>saw</u> |
| Screen slot size: <u>1.012</u> inches Setting depth: From <u>100</u> feet to <u>100</u> feet |
| Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> 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 not drilled yet as confirmed by phone. Call 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 #: 60207
Aquifer: _____

County: Jackson
Permit #: _____
Driller: Lyman
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>30°31'48.32"N</u> Longitude: <u>88°32'39.77"W</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>39565</u> | <u>NW 1/4 NW 1/4, Sec 13 T 6S R 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: 20 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): NA Feet Below Land Surface
Drawdown [(B) - (A)]: NA Feet Below Land Surface Test Pumping Rate: 260 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 11/1/16 [Signature]
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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