County: Jack 501 17302
Permit #: MS-6W-17381
Driller: Lyman Well
Driller: <u>Lyman Well</u> Date drilling completed: <u>2-29-201</u> 9

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#: L0213
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 comp	letion of drilling of the well or borehole.	
Information on Well Owner	Wall or Porchala Logation	
(Landowner if borehole is not for a water well)	Letitude: 30 . 31, 46, Langitude: 88 . 31, 34,	
Owner Name Tackson County Utility Authority	Latitude: 30 ° 31 , 46 " Longitude: 88 ° 31 , 34 " 30. \$29642	
The state of the s	Method of Lat/Long (circle one): Conventional Survey,	
Mailing Address: 1225 Jackson Avenue	UGCC med Handhald CDC Surricy grade CDC	
	USGS quad, Hand-held GPS, Survey-grade GPS WW 1/4 Sec 13 Twn 65 Rng 6 W	
0 1 25 22 2	4W/4 NW 14 Sec 13 Twn 65 Rng 6W	
Pascascula MS 39567 City State Zip Code	The state of the s	
City State Zip Code	Distance Direction Nearest Town Miles of	
Telephone No. (228) 762-0119	Villes	
Well / Bore	hole Data	
7-14-14-14-14-14-14-14-14-14-14-14-14-14-	OCIS Hala dampton (CV)	
Date drilling started: 2-10-2019 Date drilling completed: 220	Hole depth: 100 Hole diameter. 100	
Location of the source of any surface water used for drilling:	ECEIVED	
Method of dosing and volume of Chlorine used in drilling and devel	opment: Bleach RE 2019	
Logs run (circle all applicable): No log run Flectric (Gamma Ray	Density Sonic Neutron Other:	
Name of organization running log(s): Teaco	2111	
Purpose of borehole (check one): Water Well i Geotechnical/Geole	opment: Bleach Density Sonic Neutron Other: APR 0.5 2019 Original Investigation Ground Source Heat Pump BY	
<u> </u>		
Seismic Survey Other (describe If drilling is not related to water well construction)	
Purpose of Well (check one): Home Industrial Public Supply	1/ Irrigation Fish Culture Other:	
If a flowing well, method of flow regulation: Valve O	ther (describe)	
Static Water Level: 9'/0" feet above or below (circle one) land surface Date measured: 3-/3-/9		
Method of Measurement (circle one) steel tape electric tape air line other:		
Well depth: $\frac{100}{100}$ Well grouted to a depth of $\frac{42}{100}$ feet Type		
Casing length: 60 feet Casing diameter: 70'	inches Type of casing: 30455	
Screen length: 40 feet Screen diameter: 10'	inches Type of screen: 55 Wap	
Screen slot size: <u>O12</u> inches Setting depth: From_	60 feet to 100 feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development		
Other (describe): Casing ceneral to top of sand lap back to GL		
Top of lap pipe or reduction in casing:	lescoped or more than one screen, describe on next page	

Form: OLWR-SWR-1A (04/08)

he sketch below only required for water wells	<u>Description of formations encountered</u> wells and boreholes, unless specifically		
Ground Level The location of the control of the co	Description of Formations Encountered Perse Clay Coa/se Sand	From (depth) Ground Level	To (depth) 27' 100

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.	OL'
BY	O/r
See Map	
Landowner Name: TCUA	
Form: OLWR-SWR-1A (0 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

Print Name of Responsible Licensee and License No. Date

Signature of

STATE WELL REPORT Part 2

County: Jackson Permit #: MSGV-17302 Driller: Lynan Well Date completed: 9/17/2019

Copy information from block on Part 1

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309

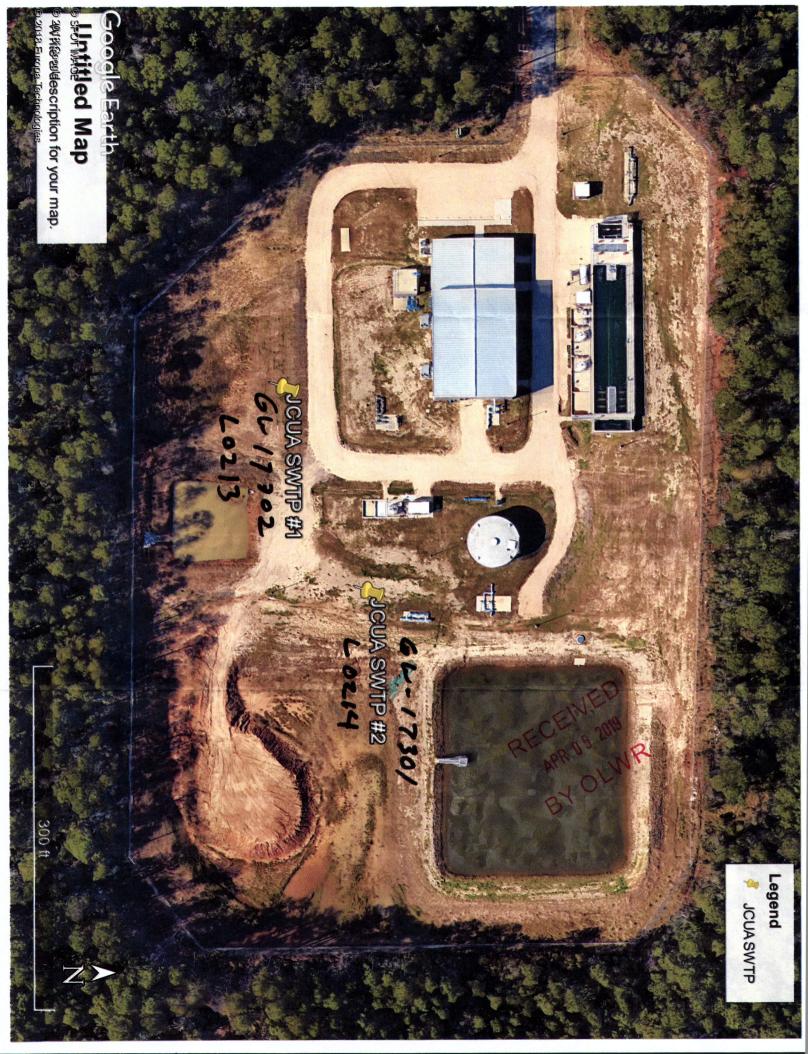
P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)

For Office Use Only:		
Aquifer:		
Well #:	L0213	
Elevation	n:	

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 Location 30 3/ 4/7 Longitude: \$8 32 32 f Lat/Long (check one): Conventional Survey, ad, Hand-held GPS, Survey-grade GPS MW 1/4 Sec 1/3 T 65 R 66/ Direction Nearest Town Miles of Power Type Circle one gine Gasoline Engine Natural Gas Motor Hand Tractor PTO Other (specify):
A Conventional Survey, Ind, Hand-held GPS, Survey-grade GPS Ind, Hand-held GPS, Hand-held GPS, Ind Ind
Ad, Hand-held GPS, Survey-grade GPS
Direction Nearest Town Miles of Power Type Circle one gine Gasoline Engine Natural Gas Motor Hand Tractor PTO Other (specify):
Power Type Circle one gine Gasoline Engine Natural Gas Motor Hand Tractor PTO Other (specify):
Circle one gine Gasoline Engine Natural Gas Motor Hand Tractor PTO Other (specify):
Other (specify):
Other (specify):
15
wer Rating of Motor:
epth: 82 feet
of Stages:
Method of Measuring Water Level
Circle one Electric Measuring Line Steel Tape
ecify):
ng well, measured shut in head:feet
dedGPM with a drawdown of

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge. RECL!
Tosk Ladner 0-640 Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
Frint Name of Fump instance and License No. (if applicable)	Form: OLWR-SWR-1B (04/08)



CONTOUR INTERVAL 5 FT

