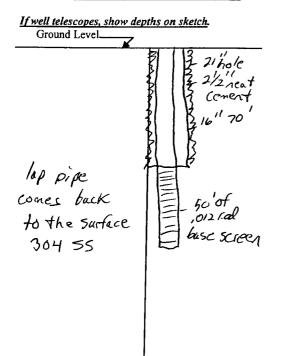
State Well Report	
County: Jeckson Part 1 - Driller's Log For Office Use Only:	
MC C. ( 1, 20C Mississippi Department of Environmental Quality Aquifer:	
	I I
Driller: Laman WEII Jackson MS 39225	
Date drilling completed: 7/29/2012 (601)961-5210 25.	
(601)961- 5228 (fax) E-log #:	
State Law requires that 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         Well or Borehole Location	
Information on Well Owner (Landowner if borehole is not for a water well)	()
(Landowner if borehole is not for a water well) M. Jackson Lc. Utility Auth Latitude: 30 . 30, 30, " Longitude 58 . 29, 25. 8/30	¥ i
Mailing Address: 4519 Mci mis Ave	M
	9
USGS quad, Hand-held GPS, Survey-grade GPS	-7
M 1 1 Mr 200 50 1/ Nh/4 Sec 21/ Twn 65 Rng 54/	
<u>A Sec 77 Iwin 75 Rng 54</u> <u>City State Zip Code</u> Distance Direction Nearest Town	
Miles of	
Telephone No. $(278)$ 474-3355	
Well / Borehole Data	
Date drilling started: 2/22/ Date drilling completed: 7/29/2013 Hole depth: 141 Hole diameter: 1434	
Location of the source of any surface water used for drilling: NA	
Method of dosing and volume of Chlorine used in drilling and development: Granuka	
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:	
Name of organization running log(s):	
Purpose of borshole (shadk one). Water Wall ( Control visit 1/Control visit 1/	
Purpose of borehole (check one): Water Well 🗹 Geotechnical/Geological Investigation Ground Source Heat Pump	
Seismic Survey Other ( <i>describe</i> )	
If drilling is not related to water well construction, skip the remainder of this block	· ⁄/ս /\
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: Fire Water the	/IIPS
If a flowing well, method of flow regulation: Valve NA Other (describe) NA Fire Protection	M
Static Water Level: <u>1,5</u> <sup>''</sup> feet above or below (circle one) land surface Date measured: <u>7/29/20/3</u>	
Method of Measurement (circle one) steel tape electric tape air line other:	
Well depth: $\frac{141}{141}$ Well grouted to a depth of $\frac{20^{14}}{120}$ feet Type of grout (circle one) Neat Cement Bentonite Mix	
Casing length: <u>70</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>54ee</u> /	
Screen length: <u>50</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>304 55 Wrapfodta</u> se	
Screen slot size: <u>,0/2</u> inches Setting depth: From <u>90</u> feet to <u>140</u> 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)	
	F
	2 <b>992</b> 85-57
APR 2 9 20	114

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BY	OLMP
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## The sketch below only required for water wells



Description of formations encountered must be provided for all				
wells and boreholes, unless specifically exempted by regulations				

Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	55
Clay.	95	68
Sard	68	142
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	· · · · · · · · · · · · · · · · · · ·	
	······	

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.

See Google Map

Landowner Name: Jackson County Utility Authority

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

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. Josh Ladrer WIR 0-640 7/3//2013

- /.FR 2 9 2014

BY OLMP

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

STATE W	ELL REPORT			
County: $\bigcirc QCL SO' + 1$ Permit #: $\underbrace{MS} - \underbrace{GW} - \underbrace{RTOS}$ Permit #: $\underbrace{MS} - \underbrace{GW} - \underbrace{RTOS}$ Driller: $\underbrace{-4gman Well}$ Date completed: $\underbrace{-4/JJ}_2/20^{-4/1}$ Jackson(601	For Office Use Only:         s Completion Report         nt of Environmental Quality         and Water Resources         Box 2309         n, MS 39225         )961-5210         51-5228 (fax)         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>M. 55i 55i ppi Expit R.R.</u> Mailing Address: <u>4519 Mc Ionis Auc</u> <u>Mosspoint prs 39563</u> City State Zip Code Telephone No. <u>228</u> 474 - 3355	Latitude: $30 3036^{\prime}$ $55$ Longitude: $88 29358^{\prime}$ Method of Lat/Long (check one): Conventional Survey,         USGS quad, Hand-held GPS/, Survey-grade GPS $3W 4MW 4$ Sec $21$ T $6S$ R $54^{\prime}$ Distance       Direction         Nearest Town        Miles of			
	Decem Terrer			
Pump Type Circle one	<b>Power Type</b> Circle one			
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine	Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor: 50			
Date Pump Installed: <u>4//10/2014</u> Rated Pump Capacity: <u>500</u> Gallons Per Minute	Setting Depth: <u>100</u> feet Number of Stages: <u>6</u>			
Pump Test DataDate Well Tested: $4/23/20/47$ Static Water Level (A): 8 Feet Below Land SurfacePumping Water Level (B): $38$ Feet Below Land SurfaceDrawdown [(B) - (A)]: 30 Feet Below Land SurfaceTest Pumping Rate: $500$ Gallons Per MinuteDuration of Pump Test (minimum 4 hours): $4$ hours	Method of Measuring Water Level Circle one         Air Line       Electric Measuring Line       Steel Tape         Other (specify):			
I HEREBY CERTIFY that the above statements are true to the best of $\overline{J_{05}}$ Ladrer $0-640$ Print Name of Pump Installer and License No. (if applicable)	f my knowledge. Signature of Pump Installer Form: OLWR SWR21B (24/08)			

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BY: OLWR

