

# 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 #: M 646  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: MSGW-17444  
Driller: Hyman Well Co.  
Date drilling completed: 2-8-2020

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Jackson County Utility</u>	Latitude: <u>30° 29' 30" SS</u> Longitude: <u>88° 27' 55" W</u>
Mailing Address: <u>1225 Jackson Ave</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Conventional Survey, USGS quad, Survey-grade GPS
<u>Pascagoula MS 39567</u>	<u>NE</u> ¼ <u>SE</u> ¼ Sec <u>34</u> 27 Tw n <u>6S</u> Rng <u>5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 762-0119</u>	_____ Miles _____ of _____

### Well / Borehole Data

Date drilling started: 1-8-2020 Date drilling completed: 2-8-2020 Hole depth: 300 Hole diameter: 5"

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 (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 a flowing well, method of flow regulation: Valve NA Other (describe) NA

Static Water Level: 16 feet above or below (circle one) land surface Date measured: 2-8-2020

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

Well depth: 150 Well grouted to a depth of 120 feet Type of grout (circle one)  Neat Cement  Bentonite  Mix

Casing length: 120 feet Casing diameter: 8 inches Type of casing: SS 304

Screen length: 25 feet Screen diameter: 3X5 inches Type of screen: 3X5

Screen slot size: .010 inches Setting depth: From 125 feet to 150 feet

Type of completion (circle all applicable): Gravel packed \_\_\_\_\_ Underreamed \_\_\_\_\_ Telescoped \_\_\_\_\_ Open hole \_\_\_\_\_ Natural Development \_\_\_\_\_

Other (describe): K packers

Top of lap pipe or reduction in casing: 97 feet. If telescoped or more than one screen, describe on next page

RECEIVED  
MAR 03 2020  
BY O'NE



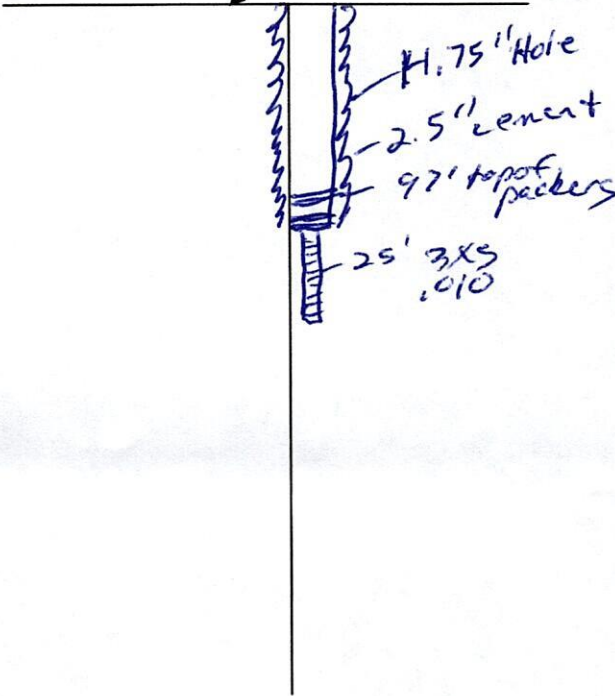
M646 Jackson Co

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

If well telescopes, show depths on sketch.

Ground Level



Description of Formations Encountered	From (depth)	To (depth)
top soil sandy clay	Ground Level	26'
Clay	26	45'
sand	45	65
Clay	65	120
sand	120	150

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 map

RECEIVED  
MAR 03 2020  
BY OLWR

Landowner Name: JCUA

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 Ladner 0-640    2-25-2020    [Signature]

Print Name of Responsible Licensee and License No.    Date    Signature of Licensee



# 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  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M 646  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: MSGW-17444  
 Driller: Lyman  
 Date completed: 4/6/2020  
*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>Jackson County Utility Authority</u>	Latitude: <u>30°59'30"</u> Longitude: <u>88°32'45"</u>
Mailing Address: <u>1275 Jackson Ave</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Pascagoula MS 39567</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec <u>34</u> T <u>6S</u> R <u>5W</u>
Telephone No. <u>(228) 762-0119</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>3/28/2020</u>	Setting Depth: <u>82</u> feet
Rated Pump Capacity: <u>100</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3/28/2020</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>14</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>41</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>25</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>25</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Josh Ladner 0-640      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer



Ricky Dr

Kevin Dr

Colletta Dr

Colletta Dr

HELENA PARK

Gateway Dr

RECEIVED  
MAR 03 2024  
BY OLIVER

© SPOT IMAGE

© 2020 Europa Technologies  
© 2020 Google

30°29'30.31" N 88° 7.60" W elev 2

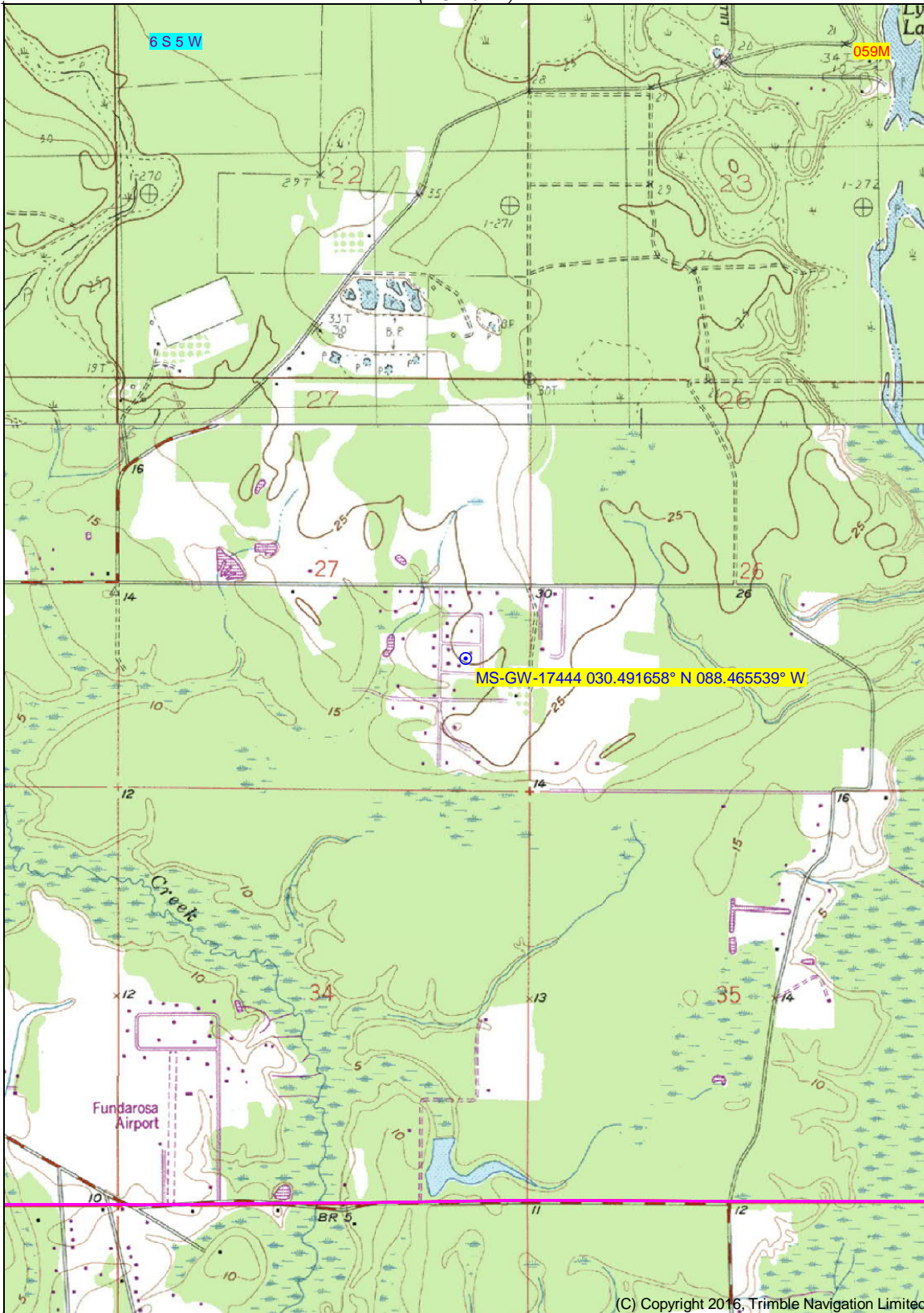
Go



088° 29' 04.3634" W  
030° 30' 54.2333" N

(BIG POINT)

088° 26' 47.0187" W  
030° 30' 54.2333" N



(PASCAGOULA NORTH)

(Outdoor Contour Map)

MS-GW-17444 030.491658° N 088.465539° W

(C) Copyright 2016, Trimble Navigation Limited

030° 28' 06.5979" N  
088° 29' 04.3634" W

(GRAND BAY SW)  
SCALE 1:24000

Printed: Mon Mar 09, 2020

030° 28' 06.5979" N  
088° 26' 47.0187" W

(PASCAGOULA SOUTH)

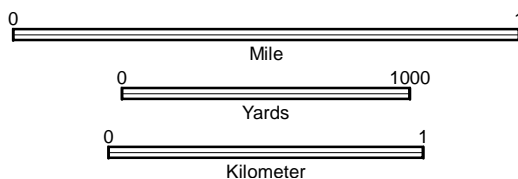
(Outdoor Contour Map)

Produced by Trimble Terrain Navigator Pro  
Topography based on USGS 1:24,000  
Maps

North American 1983 Datum (NAD83)

To place on the predicted North American  
1927 move the projection lines 22M N and  
1M W

Declination



CONTOUR INTERVAL 5 FT

30088-D4-TM-024  
KREOLE, MS  
JAN 1, 1986