

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Jackson  
Permit #: NA  
Driller: Kyman Well  
Date drilling completed: 7/07/06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: N-996  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>West Jackson County UO</u>	Latitude: <u>30° 26' 47"</u> Longitude: <u>88° 51' 44"</u>
Mailing Address: <u>7312 Rose Farm Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Ocean Springs MS 39564</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>14</u> Twn <u>7S</u> Rng <u>9W</u>
Telephone No. <u>(228) 381-0447</u>	Distance _____ Miles Direction _____ of Nearest Town _____

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: testwell

Date well drilling started: 6/29/06 Date well drilling completed: 7/06/06

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

Static Water Level: 00 feet above or below (circle one) land surface Date measured: 7/06/06

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

Hole depth: 800 Well depth: 800 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 740 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC saw

Screen slot size: 1008 inches Setting depth: From 740 feet to 800 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: NA feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): MDEQ

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Josh Kadner 0-640 Josh Kadner  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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BY: OLWR



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Jackson  
Permit #: NA  
Driller: Lynan Well  
Date completed: 7/07/06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: N-996  
Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>West Jackson County, VA</u>	Latitude: <u>302647</u> Longitude: <u>885144</u>
Mailing Address: <u>7312 Rose Farm Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Ocean Springs MS 39564</u> City State Zip Code	<u>1/4 1/4 Sec 14T1R Twn 28 Rng 9W</u>
Telephone No. <u>(228) 381-0447</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>5</u>
Date Pump Installed: <u>7/05/06</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>100</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NA</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>NA</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>NA</u> Gallons Per Minute	<u>NA</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>NA</u> hours	

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

Josh Kadner 0-640  
Print Name of Pump Installer and License No. (if applicable)

Josh Kadner  
Signature of Pump Installer

**RECEIVED**  
AUG 23 2006  
BY: OLWR