

# 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)

County: Jackson  
 Permit #: GW16239  
 Driller: Donald Smith Co.  
 Date drilling completed: 3-17-2009

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: N1043  
 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 completion of drilling of the well or borehole.**

Information on Well Owner <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>West Jackson Utility</u>	Latitude: <u>30° 26' 46" N</u> Longitude: <u>88° 51' 41.7" W</u>
Mailing Address: <u>7312 Rose Farm Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Oceans Springs MS 39564</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 SW 1/4 Sec 11 Twn 7S Rng 9W</u>
Telephone No. ( ) _____	Distance: <u>1</u> Miles Direction: <u>N</u> of Nearest Town: <u>Oceans Springs</u>

**Well / Borehole Data**

Date drilling started: 7-2008 Date drilling completed: 3-2009 Hole depth: 820 Hole diameter: 9 7/8

Location of the source of any surface water used for drilling: Public Water Supply

Method of dosing and volume of Chlorine used in drilling and development: NA

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

Name of organization running log(s): MDEQ

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 \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 59 feet above or  below (circle one) land surface Date measured: 3-17-2009

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

Well depth: 800 Well grouted to a depth of 709 feet Type of grout (circle one)  Neat Cement  Bentonite  Mix

Casing length: 709 feet Casing diameter: 16 inches Type of casing: steel

Screen length: 90 feet Screen diameter: 10 inches Type of screen: stainless wire wrap

Screen slot size: .15 inches Setting depth: From 710 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: 630 feet. *If telescoped or more than one screen, describe on next page*



# 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)

County: Jackson  
 Permit #: GW16239  
 Driller: Donald Smith  
 Date completed: 3-17-2009  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: N1043  
 Elevation: \_\_\_\_\_

*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>West Jackson County</u>	Latitude: <u>30°24'<sup>47</sup>W</u> Longitude: <u>88°51'41.7W</u>
Mailing Address: <u>7312 Rose Farm Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad <u>X</u> , Hand-held GPS _____, Survey-grade GPS _____
<u>Ocean Springs MS 39564</u> City State Zip Code	<u>SE ¼ SW ¼ Sec 11 T 75 R 9 W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>1</u> Miles <u>N</u> of <u>Ocean Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>125</u>
Date Pump Installed: <u>12-18-2008</u>	Setting Depth: <u>220</u> feet
Rated Pump Capacity: <u>11</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-17-2009</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>59</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>119</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded <u>1147</u> GPM with a drawdown of
Test Pumping Rate: <u>1147</u> Gallons Per Minute	<u>60</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.

Ryan Herndon UNR 700 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer