

# 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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: N 1050  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Jackson  
 MS-GW-14521  
 Permit #: \_\_\_\_\_  
 Driller: Lynan Well  
 Date drilling completed: 5/18/09

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>Jackson County Schools</u>	Latitude: <u>30 26 26</u> " Longitude: <u>88 47 49</u> "
Mailing Address: <u>4700 Colonel Vickers Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Vardave</u> <u>Ms</u> <u>39565</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4</u> <u>NW 1/4</u> Sec <u>16</u> ✓ Twn <u>75</u> ✓ Rng <u>8W</u> ✓
Telephone No. <u>(228) 826-1757</u>	Distance Direction Nearest Town
	Miles of

### Well Data

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

Date well drilling started: 4/10/09 Date well drilling completed: 5/18/09

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

Static Water Level: 94 feet above or below (circle one) land surface Date measured: 5/18/09

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

Hole depth: 465 Well depth: 460 Well grouted to a depth of 405 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 405 feet Casing diameter: 12 inches Type of casing: steel

Screen length: 40 feet Screen diameter: 6x8 inches Type of screen: munipack

Screen slot size: 1/2 inches Setting depth: From 422 feet to 462 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: 320 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.

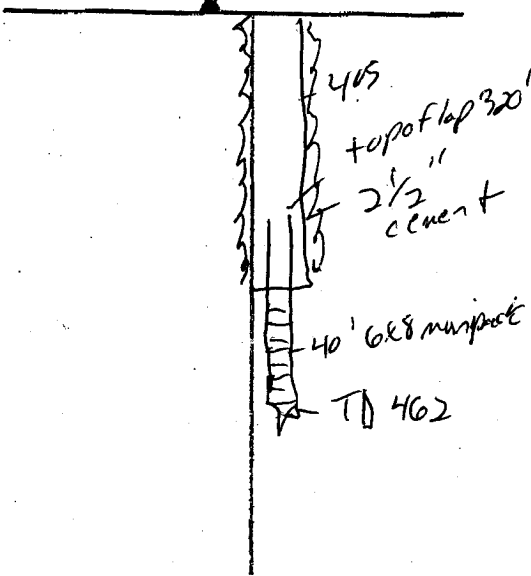
Josh Ladner 0-640 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 BY: OLWF

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 telegrapher, show depths on sketch.  
Ground Level



Description of Formations Encountered	From (depth)	To (depth)
400 soft clay	Ground Level	120
sand	120	200
clay	200	230
sand	230	250
blue clay	250	400
Coarse sc - ss	400	465

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.



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.

Print Name of Responsible Licensee and License No. Josh Ladner 0-640 Date 5/18/09 Signature of Licensee [Signature]

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# 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 #: MSGW 16521  
 Driller: Lyman  
 Date completed: 7-6/2010  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: N 1050  
 Well #: \_\_\_\_\_  
 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>Jackson County Schools</u>	Latitude: <u>30 26 26</u> Longitude: <u>88 47 49</u>
Mailing Address: <u>4700 Colonel Vickery Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Vareleave MS 39565</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(228) 826 1757</u>	<u>NW</u> ¼ <u>NW</u> ¼ Sec <u>16</u> T <u>7S</u> R <u>8W</u>
	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

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>40</u>
Date Pump Installed: <u>7/6/2010</u>	Setting Depth: <u>150</u> feet
Rated Pump Capacity: <u>350</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/6/2010</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>94</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>114</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>350</u> GPM with a drawdown of
Test Pumping Rate: <u>350</u> Gallons Per Minute	<u>20</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 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/06)

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