

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:

Aquifer:
Well #: N1106
L. S. Elevation:
E-log #:

County: Jackson
Permit #:
Driller: Lyman Well
Date drilling completed: 5/28/2014

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)
Owner Name: Utility Services LLC
Mailing Address: 8717 Edgewater Blvd
Ocean Springs MS 39564
Telephone No. (228) 872-4904
Well or Borehole Location
Latitude: 30° 22' 10.38" Longitude: 88° 46' 34.26"
Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 NW 1/4 Sec 10 Twn 85 Rng 8W
Distance Direction Nearest Town

Well / Borehole Data
Date drilling started: 5/21/2014 Date drilling completed: 5/28/2014 Hole depth: 570' Hole diameter: 7 7/8"
Location of the source of any surface water used for drilling: NA
Method of dosing and volume of Chlorine used in drilling and development: Granulat
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
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: 80 feet above or below (circle one) land surface Date measured: 5/28/2014
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 570 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 540 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 4 inches Type of screen: Saw
Screen slot size: .006 inches Setting depth: From 540 feet to 570 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)

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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 #: _____
 Driller: Lynar Well
 Date completed: 5/28/2014
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: N1104
 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>Utility Services LLC</u>	Latitude: <u>30°22'10.38" N</u> Longitude: <u>88°46'13.4" W</u>
Mailing Address: <u>8717 Edgewater Blvd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Bear Springs MS 39564</u> City State Zip Code	<u>NE 1/4 NW 1/4 Sec 10 T 85 R 8W</u>
Telephone No. <u>(228) 872-4904</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>5/28/2014</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>80</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/28/2014</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>80</u> GPM with a drawdown of
Test Pumping Rate: <u>80</u> Gallons Per Minute	<u>40</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 (04/08)

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