

N 1135

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 39225-2309
(601)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: N1135
Aquifer: _____
E-Log #: _____

County: Jackson
Permit #: ~~MS-17572~~
Driller: Hyman Well
Date drilling completed: 9/10/2020

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.

| Well Owner Information <small>(Landowner if borehole is not for a water well)</small> | Well or Borehole Location |
|--|--|
| Owner Name: <u>Utility Services LLC</u> | Latitude: <u>30 21 57.0</u> Longitude: <u>88 45 24.6</u> |
| Mailing Address: <u>8717 Ocean Springs</u> <u>MS</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Ocean Springs</u> City <u>MS</u> State <u>39564</u> Zip Code | <u>W/NE SW NW</u> 1/4, Sec. <u>11</u> T. <u>8S</u> R. <u>8W</u> |
| Telephone No. (<u>228</u>) <u>872-4904</u> | _____ Miles of _____ (Distance) (Direction) (Nearest Town) |

Well / Borehole Data

Date drilling started: 9/2/2020 Date drilling completed: 9/9/2020 Hole depth: 1060 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: _____
 Logs run (check all applicable): 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) Test well for MS-GW-17572

If drilling is not related to water well construction, skip the remainder of this block

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Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): Test well
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 72' feet above or below land surface Date measured: 9/15/2020
 Method of measurement (check one) Steel tape Electric tape Air line Other (describe) _____
 Well depth: 1050 Well grouted to a depth of: 15 feet Type of grout (check one) Neat Cement Bentonite Mix
 Casing length: 1020 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 1020 feet to 1050 feet
 Type of completion (check all applicable) gravel packed Underreamed 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

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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: M135
Aquifer: _____

County: Jackson
Permit #: _____
Driller: Lynan Well
Date completed: 9/15/2020
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>Utilite Service LLC</u> | Latitude: <u>30°2157.0 N</u> Longitude: <u>88°4524.6 W</u> |
| Mailing Address: <u>8719 Edgewater Blvd</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Oceansprings</u> <u>MS</u> <u>39564</u> | _____ 1/4 _____ 1/4, Sec <u>11</u> T <u>8S</u> R <u>8W</u> |
| City State Zip Code | _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town) |
| Telephone No. (<u>228</u>) <u>875-4904</u> | |

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 9/15/2020 Rated Pump Capacity: 85 Gallons Per Minute
Is This Pump (check one): New Repaired Replacement

Power Type (check one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 5 Setting Depth: 120 feet Number of Stages: 10

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Pump Test Data for Non Flowing Well
Date Well Tested: 9/15/2020 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 72 Feet Below Land Surface Pumping Water Level (B): 94 Feet Below Land Surface
Drawdown [(B) - (A)]: 22 Feet Below Land Surface Test Pumping Rate: 80 Gallons Per Minute
Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
Measured shut in head: NA feet.
Well yielded 80 GPM with a drawdown of 22' feet after 4 hours of pumping

Meter Installation
Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: _____
Is This Meter (check one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Jash Ladner 0-640 9/28/2020 [Signature]
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

BARNACLE REPLACEMENT-WELL 30°21'57.00"N 88°45'25.00"W

S 81° 25' E

S W. Street Central

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