

# 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)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: 0603  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Lyman Well  
Date drilling completed: 6/5/2014

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Utility Services LLC</u>	Latitude: <u>30.35896N</u> Longitude: <u>88.71372W</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>Ocean Springs</u> <u>MS</u> <u>39564</u>	<u>SW</u> ¼ <u>SW</u> ¼, Sec <u>8</u> T <u>8S</u> R <u>7W</u>
City State Zip Code	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. ( <u>228</u> ) <u>872-4904</u>	

Well / Borehole Data
Date drilling started: <u>6/2/2014</u> Date drilling completed: <u>6/5/2014</u> Hole depth: <u>738</u> Hole diameter: <u>7 7/8</u>
Location of the source of any surface water used for drilling: <u>NA</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Granular</u>
Logs run (circle all applicable): No log run <input type="checkbox"/> <u>Electric</u> <input checked="" type="checkbox"/> <u>Gamma Ray</u> <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>TEACO</u>
Purpose of borehole (circle one): <u>Water Well</u> <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) <u>Test Hole</u>

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

Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>
Other (describe): <u>Test Hole / Well</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>72</u> feet [above or below] land surface Date measured: <u>6/5/2014</u> (circle one)
Method of measurement (circle one): Steel tape <input type="checkbox"/> <u>Electric tape</u> <input checked="" type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>580'</u> Well grouted to a depth of: <u>15</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <u>Bentonite</u> <input checked="" type="checkbox"/> Mix
Casing length: <u>540</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>saw</u>
Screen slot size: <u>.008</u> inches Setting depth: From <u>540</u> feet to <u>580</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> <u>Natural Development</u> <input checked="" type="checkbox"/>
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

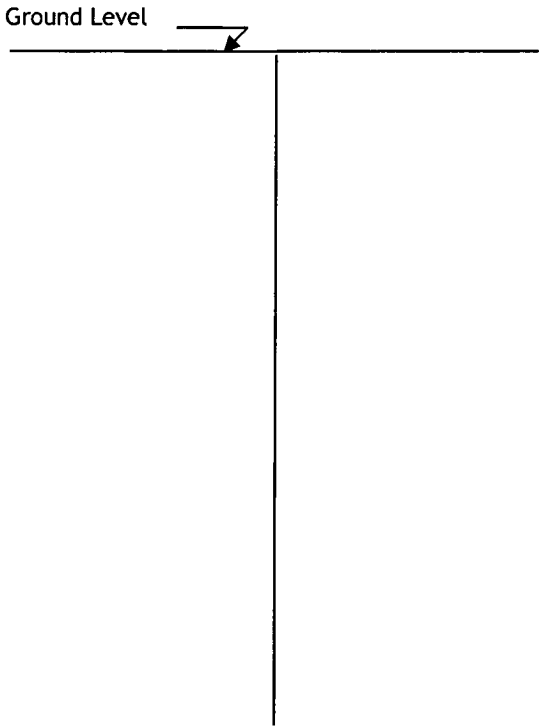
RECEIVED  
JUN 18 2014  
BY: OLWR

County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: 0603

The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground level	87
clay	87	108
sand	108	130
clay	130	140
sand	140	200
blue clay	200	465
sand	465	490
blue clay	490	545
sand	545	580
clay	580	680
fine sand	680	720
clay	720	735

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) north arrow

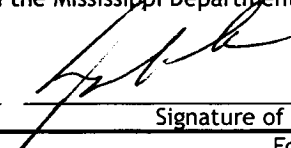
**RECEIVED**

JUN 18 2014

**BY: OLWR**

Landowner Name: Utility Services LLC

I HEREBY 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.

Josh Ladner 0-640     6/16/2014     

Print Name of Responsible Licensee and License No.     Date     Signature of Licensee

Form: OLWR-SWR-1A (4/13)

# 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 #: 0603  
Aquifer: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Lyman Well  
Date completed: 6/5/2014  
*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>Utility Services LLC</u>	Latitude: <u>30.35896N</u> Longitude: <u>88.71372W</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>Ocean Springs MS 39564</u> City State Zip Code	<u>SW 1/4 SW 1/4, Sec 8 T 8S R 7W</u>
Telephone No. <u>(228) 872-4904</u>	_____ Miles of _____ (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
Date Pump Installed: 6/5/2014 Rated Pump Capacity: 85 Gallons Per Minute  
Is This Pump (circle one):  New  Repaired  Replacement  Test pump

**Power Type (circle one)**  
 Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 5 Setting Depth: 130 feet Number of Stages: 10

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 6/5/2014 Duration of Pump Test (minimum 4 hours): 8 hours  
Static Water Level (A): 72 Feet Below Land Surface Pumping Water Level (B): 120 Feet Below Land Surface  
Drawdown [(B) - (A)]: 48 Feet Below Land Surface Test Pumping Rate: 75 Gallons Per Minute  
Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
Measured shut in head: NA feet.  
Well yielded 115 GPM with a drawdown of 48 feet after 8 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 (circle 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.*

RECEIVED  
JUN 18 2014

BY: OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Josh Ladner 0-640 6/16/2014 [Signature]  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED

JUN 18 2014

BY OLWR

utility services willow st. test hole

© 2014 Google

Google

Imagery Date: 3/13/2013 30°21'31.39" N 88°42'51.22" W elev 111 ft

1992