

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 #: 0605
Aquifer: _____
E-Log #: _____

County: Jackson
Permit #: M56W-17154
Driller: Lynan Well
Date drilling completed: 9/2/14

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° 21' 32.41" N</u> Longitude: <u>88° 42' 49.13" W</u>
Mailing Address: <u>8797 Edgewater Blvd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Ocean Springs</u> <u>MS</u> <u>39564</u> City State Zip Code	<u>SW 1/4</u> <u>SW 1/4</u> , Sec <u>8</u> T <u>85</u> R <u>7W</u>
Telephone No. <u>(228) 872-4904</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8/20/14</u> Date drilling completed: <u>9/2/14</u> Hole depth: <u>580</u> Hole diameter: <u>18"</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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <u>Water Well</u> 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 (circle all applicable): Home Industrial <u>Public Supply</u> Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>55'</u> feet [above or below] land surface Date measured: <u>9/2/2014</u> (circle one)
Method of measurement (circle one): Steel tape <u>Electric tape</u> Air line Other (describe): _____
Well depth: <u>580</u> Well grouted to a depth of: <u>535</u> feet Type of grout (circle one): Neat Cement Bentonite <u>Mix</u>
Casing length: <u>535</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>Steel</u>
Screen length: <u>40</u> feet Screen diameter: <u>6 x 28</u> inches Type of screen: <u>Multipack</u>
Screen slot size: <u>.012</u> inches Setting depth: From <u>540</u> feet to <u>580</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>414</u> feet

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

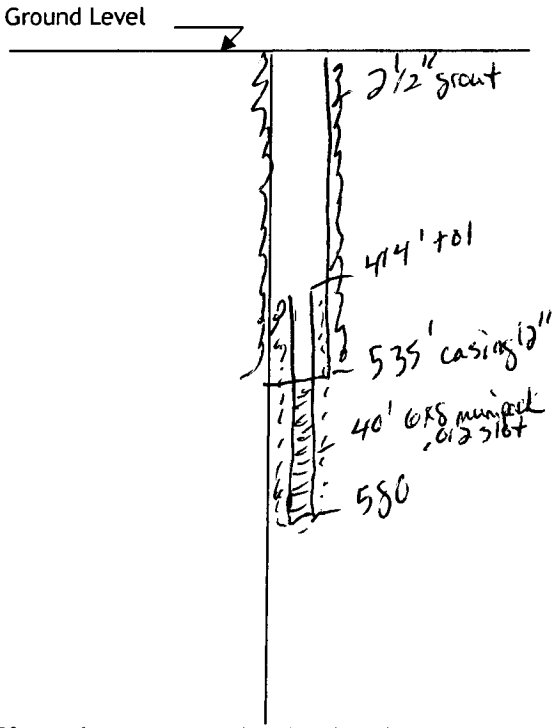
MSDH # 0300113-04

County: JACKSON
Permit #: MS-GW-17154

For Office Use Only:
Well #: 0605

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	535
Sand	535	580

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

See map

PROCESSED
SEP 29 2014
JWH

Landowner Name: _____

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 Hadner 0-640

9/20/2014

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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 #: Ø 605
Aquifer: _____

County: Jackson
Permit #: MS6W-17154
Driller: Lyman Well
Date completed: 10/30/2014
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 Service LLC</u>	Latitude: <u>30°21'32.41N</u> Longitude: <u>88°42'49.13"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>Ocean Springs</u> <u>MS</u> <u>39564</u>	<u>SW 1/4</u> <u>SW 1/4</u> , 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) 872-4904</u>	

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 10/14/2014 Rated Pump Capacity: 500 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 50 Setting Depth: 189' feet Number of Stages: 3

Pump Test Data for Non Flowing Well

Date Well Tested: 10/8/2014 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 55' Feet Below Land Surface Pumping Water Level (B): 124 Feet Below Land Surface

Drawdown [(B) - (A)]: 69 Feet Below Land Surface Test Pumping Rate: 400 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 400 GPM with a drawdown of 69 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 (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
OCT 31 2014
BY OLWR

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

Josh Ladner 0-640 10/30/2014 _____
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer