

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 #: 0620
Aquifer: _____
E-Log #: _____

County: Jackson
Permit #: _____
Driller: Lynan Well
Date drilling completed: 1/17/17

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°30'4.96"N</u> Longitude: <u>88°42'57.38"W</u> <u>30-23-05</u> <u>88-42-57</u>
Mailing Address: <u>8777 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> City State Zip Code	<u>NE</u> <u>NE</u> <u>NE</u> <u>NE</u> <u>NE</u> <u>NE</u> <u>NE</u> <u>NE</u> <u>NE</u> <u>NE</u> Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (228) <u>872 4904</u>	

Well / Borehole Data
Date drilling started: <u>1/17/17</u> Date drilling completed: <u>1/17/17</u> Hole depth: <u>345</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>NA</u>
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): <u>TEACO</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) <u>Test Well</u>

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

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe): <u>Test Well</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>45</u> feet [above or below] land surface Date measured: <u>1/20/17</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line Other (describe): _____
Well depth: <u>340</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>310</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>30</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>SAW</u>
Screen slot size: <u>100S</u> inches Setting depth: From <u>310</u> feet to <u>340</u> feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole <input checked="" type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

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

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

For Office Use Only:

Well #: 0620

Aquifer: _____

County: Jackson
 Permit #: _____
 Driller: Lyman Weil
 Date completed: 1/20/17
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°23'04.96"N</u> Longitude: <u>88°42'57.38"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>NE</u> ¼ <u>NE</u> ¼, Sec <u>6</u> T <u>8S</u> R <u>7W</u>
City State Zip Code	Miles _____ of _____
Telephone No. <u>(228) 872 4902</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 1/20/17 Rated Pump Capacity: 85 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: 5 Setting Depth: 150 feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 1/20/17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 45 Feet Below Land Surface Pumping Water Level (B): 150 Feet Below Land Surface

Drawdown [(B) - (A)]: 105 Feet Below Land Surface Test Pumping Rate: 60 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: _____ feet.

Well yielded 60 GPM with a drawdown of 105 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.

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

Josh Ladner 0-640 1/31/17 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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