

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)

County: Jackson
Permit #: MS-GW-17477
Driller: John W Thompson
Date drilling completed: 4-11-21

For Office Use Only:
Well #: 0639
Aquifer: _____
E-Log #: _____

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>City of Gautier</u>	Latitude: <u>30° 23' 45.79"</u> Longitude: <u>88° 39' 49.88"</u>
Mailing Address: <u>PO Box 670</u> <u>Gautier MS 39553</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW</u> ¼ <u>NW</u> ¼, Sec <u>35</u> T <u>7S</u> R <u>7W</u>
Telephone No. (____) _____	<u>0</u> Miles _____ of <u>Gautier</u> (Distance) (Direction) (Nearest Town)

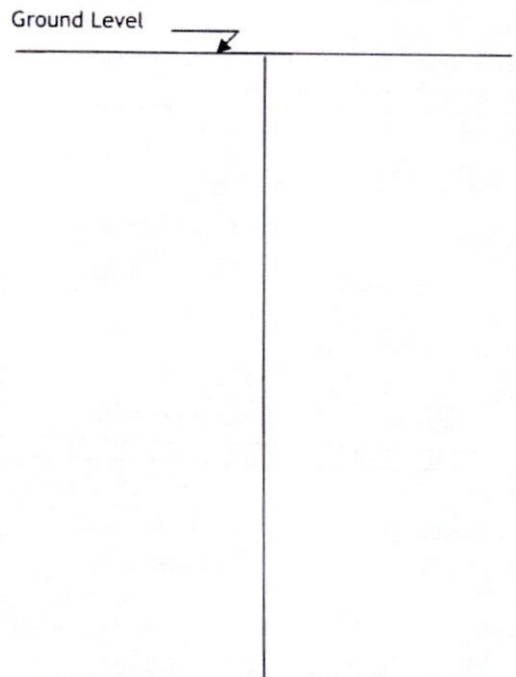
Well / Borehole Data
Date drilling started: <u>3-15-21</u> Date drilling completed: <u>4-11-21</u> Hole depth: _____ Hole diameter: _____
Location of the source of any surface water used for drilling: <u>Hydrant</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check all applicable): <input type="checkbox"/> log run <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check 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) _____
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>53</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>4-11-21</u> (check one)
Method of measurement (check one) <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>718</u> Well grouted to a depth of: <u>670</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>670</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>Steel</u>
Screen length: <u>45</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>8x10 Murraypac</u>
Screen slot size: <u>.020</u> inches Setting depth: From <u>673</u> feet to <u>718</u> feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____
Top of lap pipe or reduction in casing: <u>608</u> feet
If telescoped or more than one screen, describe on next page

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MAY 13 2021

County: Jackson
 Permit #: MS-6W-17477

For Office Use Only:
 Well #: 0639

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)
top soil	Ground level	5
Sand	5	40
sand + Clay	40	60
Sand	60	80
Clay/sand	80	190
sand	190	290
clay/silt	290	520
fine sand	520	560
clay	560	570
fine sand	570	715
Clay	715	810

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

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BY OLWR

Landowner Name: City of Gautier

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.

John W Thompson 0-679 5-10-21 John W Thompson
 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)

County: Jackson
 Permit #: MS-6W-17477
 Driller: John W. Thompson
 Date completed: 1-31-22
Copy information from block on Part 1

For Office Use Only:

Well #: 0639

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02-07-2022
BY OLWR

Aquifer: _____

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>City of Gautier</u>	Latitude: <u>30°23'45.74"</u> Longitude: <u>88°39'49.88"</u>
Mailing Address: <u>PO Box 670</u> <u>Gautier MS 39553</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4, Sec. <u>35</u> T. <u>7S</u> R. <u>7W</u>
Telephone No. (____) _____	<u>0</u> Miles _____ of <u>Gautier</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: 1-11-22 Rated Pump Capacity: 600 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: 100 Setting Depth: 235 feet Number of Stages: 6

Pump Test Data for Non Flowing Well

Date Well Tested: 1-28-22 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 56.5 Feet Below Land Surface Pumping Water Level (B): 160 Feet Below Land Surface

Drawdown [(B) - (A)]: 103.5 Feet Below Land Surface Test Pumping Rate: 600 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: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ 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.

John W. Thompson 2-4-22 John W. Thompson
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Gautier MS City Hall
44.3' 24" conductor

16" casing set @ 670-66
Set Cement 4-11-21
21" hole

All measurements f/ Ground Level

608' - 673'

60' 10" SS 1/2 pl. pc
w/ 4" x 10" swedge

673' - 718'

4" x 10" .020 screen

718' - 721.2

3.2' Centralizer
10" string

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MAY 13 2021
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(LATIMER)



GAUTIER NORTH QUADRANGLE
MISSISSIPPI
TOPOGRAPHIC SERIES

(THREE
RIVERS)

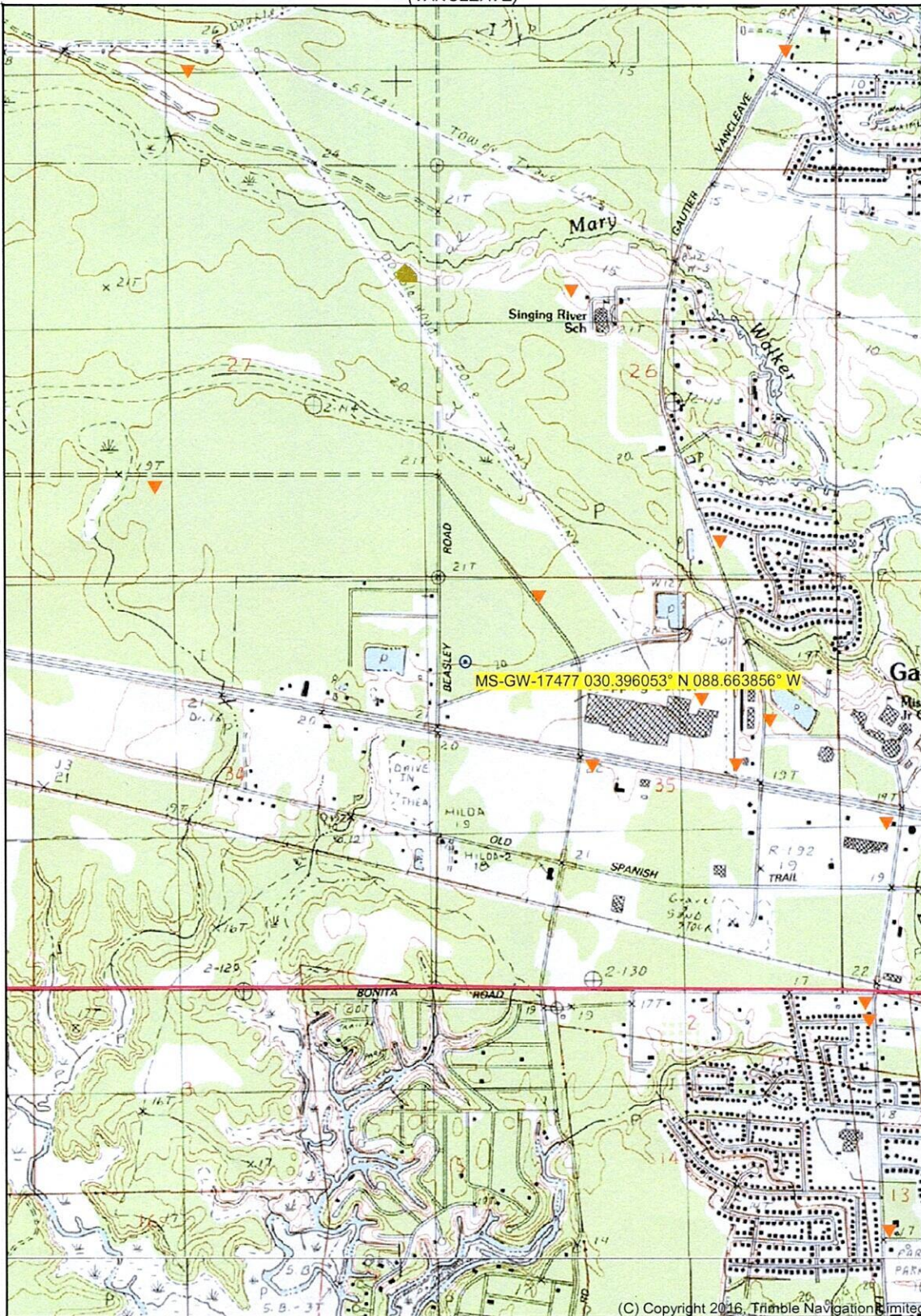
088° 40' 58.3149" W
030° 25' 10.1022" N

(VANCLEAVE)

088° 38' 41.1429" W
030° 25' 10.1022" N

(OCEAN
SPRINGS)

(PASCAGOULA
NORTH)



030° 22' 22.4997" N
088° 40' 58.3149" W

088° 38' 41.1429" W
030° 22' 22.4997" N

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(GAUTIER SOUTH)
SCALE 1:24000

(DEER ISLAND)

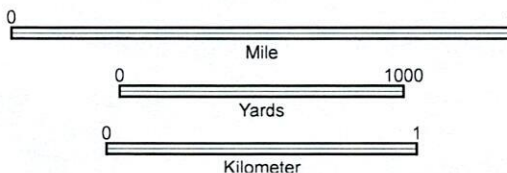
(PASCAGOULA
SOUTH)

Produced by Trimble Terrain Navigator Pro
Topography based on USGS 1:24,000
Maps

North American 1983 Datum (NAD83)

To place on the predicted North American
1927 move the projection lines 22M N and
2M W

Declination



CONTOUR INTERVAL 5 FT

30088-D6-TM-024
GAUTIER NORTH, MS
JAN 1, 1982