

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
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: J18
L. S. Elevation: _____
E-log #: _____

County: Jefferson
Permit #: GW16883
Driller: Aldie Jones
Date drilling completed: 5-22-12

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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Jefferson County Board of Supervisors</u></p> <p>Mailing Address: <u>P.O. Box 145</u></p> <p><u>Fayette</u> <u>MS</u> <u>39069</u> City State Zip Code</p> <p>Telephone No. <u>(601) 925-4444</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 42' 46.06"</u> Longitude: <u>90° 03' 27.13"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS</p> <p><u>1R</u> <u>1R</u> <u>1/4</u> Sec <u>47</u> Twn <u>9N</u> Rng <u>2E</u></p> <p>Distance _____ Direction _____ Nearest Town _____ Miles <u>Academy St</u> of _____</p>
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Well / Borehole Data

Date drilling started: 4-10-12 Date drilling completed: 5-22-12 Hole depth: 692' Hole diameter: 2 1/2"

Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

Purpose of borehole (check one): Water Well 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 (check one): Home _____ Industrial _____ Public Supply Irrigation _____ Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) NA

Static Water Level: 177' feet above or below (circle one) land surface Date measured: 8-17-12

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 573' Well grouted to a depth of 535 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 535 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 30 feet Screen diameter: 8" inches Type of screen: Stainless Steel

Screen slot size: .020 inches Setting depth: From 540 feet to 570 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

Top of lap pipe or reduction in casing: 60' feet *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

If well telescopes, show depths on sketch.

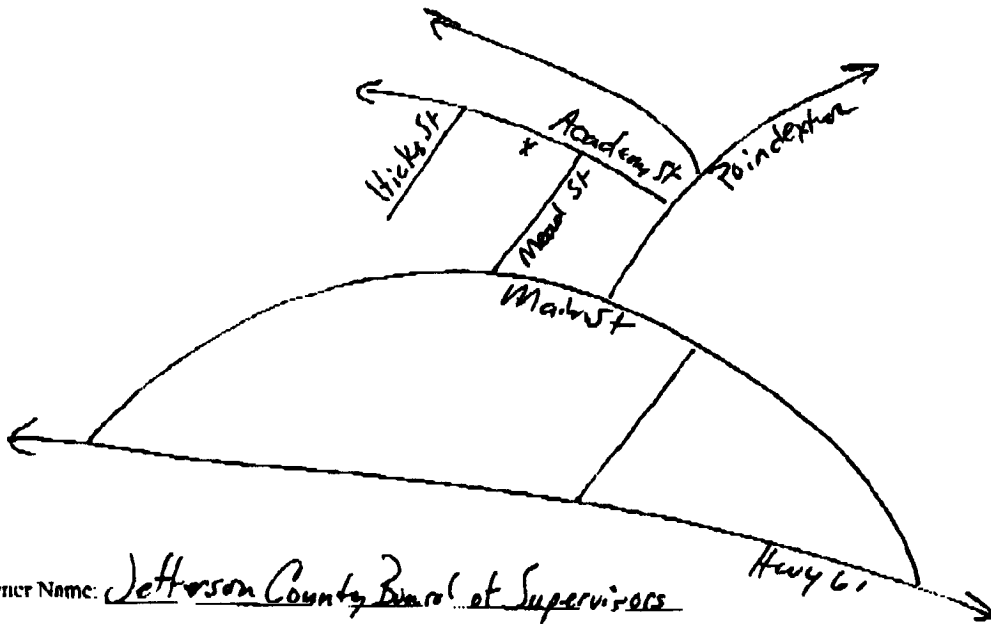
Ground Level

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)
CLAY	Ground Level	25
Sand and Gravel	25	29
Clay	29	160
Clay and Gravel	160	195
Clay	195	237
Sand with Shale	237	341
CLAY	341	441
Shale with Sand	441	535
Sand	535	567
CLAY	567	595
Sand	595	629
Clay	629	692

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) a north arrow.



Landowner Name: Jefferson County Board of Supervisors

Form OLWR-SWR-1A (04/08)

I 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.

Clayton Miller 0-703 9-29-12

Clayton Miller

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
 (601)961-5210
 (601)961-5228 (fax)

County Jefferson
 Permit # _____
 Driller: Michael Wells
 Date completed: 8-17-12
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: J18
 Elevation _____

This part of the report must be completed by a licensed water well constructor 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>Jefferson County Board of Supervisors</u>	Latitude: <u>31° 42' 46.06"</u> Longitude: <u>91° 03' 27.40"</u>
Mailing Address: <u>P.O. Box 145</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Fayette MS</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>1R 1/4 1R 1/4 Sec 47 T 9N R 2E</u>
Telephone No. <u>(601) 925-4444</u>	Distance _____ Direction _____ Nearest Town _____
	Miles <u>Academy</u> of <u>St</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>8-17-12</u>	Setting Depth: <u>250</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>9-18-12</u>	Circle one
Static Water Level (A): <u>178</u> Feet Below Land Surface	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Pumping Water Level (B): <u>191</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>13</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>329</u> Gallons Per Minute	Well yielded <u>329</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>13</u> feet after <u>4</u> hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Clayton Miller 0-703 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer