

County: PEARL RIVER

Permit #: MS-GW-16566 ✓

Driller: LAYNE CHRISTENSEN

Date drilling completed: 7/31/09

**Well Driller Report and Well Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P. O. Box 2309  
 Jackson, MS 39225-2309  
 (601) 961-5210  
 (601) 354-6938 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_

Well #: U180

L. S. Elevation: \_\_\_\_\_

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.*

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>PEARL RIVER COUNTY UTILITY AUTHORITY</u>	Latitude: <u>N 30' 33.728</u> Longitude: <u>W 089' 42.686</u>
Mailing Address: <u>PO BOX 699</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>PICAYUNE</u> <u>MS</u> <u>39466</u>	USGS quad, <input type="radio"/> Hand-Held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<input checked="" type="radio"/> NE 1/4 <input checked="" type="radio"/> SW 1/4 Sec <u>32 33</u> Twn <u>6 S</u> Rng <u>17 W</u>
Telephone No. ( <u>601</u> ) <u>799-5259</u>	<input type="radio"/> SW Distance <u>3</u> Miles Direction <u>WEST</u> of Nearest Town <u>PICAYUNE</u>

**Well / Borehole Data**

Date drilling started: 6/3/09 Date well drilling completed: 7/31/09 Hole Depth: 1120' Hole diameter: 29"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: N/A

Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): LAYNE CHRISTENSEN COMPANY, PENSACOLA, FL

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 flowing, method of flow regulation: Valve  Other (describe) --

Static Water Level: 6 feet  above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 1120' Well grouted to a depth of: 1035' Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 1035 feet Casing diameter: 16 inches Type of casing: STEEL

Screen length: 70 feet Screen diameter: 10 inches Type of screen: STAINLESS

Screen slot size: 0.020 inches Setting depth: From 1045 feet to 1115 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: 955 feet. *If telescoped or more than one screen, describe on next page.*

**RECEIVED**  
 Form: OLWR-SWR-TA  
 AUG 14 2012  
 BY: OLWR



# 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) 354-6938 (fax)

County: PEARL RIVER

Permit #: MS-GW-16566

Driller: LAYNE CHRISTENSEN

Date Completed: 10/06/2009

*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_

Well #: U180

Elevation: \_\_\_\_\_

*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>PEARL RIVER COUNTY UTILITY AUTHORITY</u>	Latitude: <u>N 30° 33.738</u> <sup>44</sup> Longitude: <u>W 089° 42.689</u> <sup>41</sup>
Mailing Address: <u>PO BOX 699</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>PICAYUNE MS 39466</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<input checked="" type="checkbox"/> NE 1/4 SW 1/4 Sec <u>32</u> T <u>68</u> R <u>17 W</u>
Telephone No. ( <u>601</u> ) <u>799-5259</u>	SW Direction Nearest Town
	<u>3</u> Miles <u>WEST</u> of <u>PICAYUNE</u>

Pump Type	Power Type
Circle One	Circle One
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>75</u>
Date Pump Installed: <u>10/6/2009</u>	Setting Depth: <u>97</u> feet
Rated Pump Capacity <u>1000</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>3/2/2010</u>	Circle One
Static Water Level (A): <u>+ 6</u> Feet Below Land Surface	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Pumping Water Level (B): <u>-18</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>15</u> feet
Test Pumping Rate: <u>1032</u> Gallons Per Minute	Well yielded <u>1032</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>25</u> hours	<u>19.7</u> feet after <u>25</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.

DAVE COOK 692 Dave Cook  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

**RECEIVED**  
 AUG 14 2012  
 BY: OLWR