

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)

County: Perry
Permit #: MS-GW-10795
Driller: Lynon Well
Date drilling completed: 1/15/11

For Office Use Only:
Aquifer: _____
Well #: K18
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Mississippi Military Dept.</u>	Latitude: <u>31° 08' 13.00"</u> Longitude: <u>89° 04' 03.00"</u>
Mailing Address: <u>P.O. Box 5027</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>Jackson</u> <u>MS</u> <u>39296</u> City State Zip Code	<u>NW SE SW NE</u> 1/4 1/4 Sec <u>14</u> Twn <u>2N</u> Rng <u>11W</u> <u>SW NE</u> Direction Nearest Town
Telephone No. <u>(601) 313-6130</u>	Distance _____ Miles of _____

Well / Borehole Data

Date drilling started: 12/14/10 Date drilling completed: 1/15/11 Hole depth: 220 Hole diameter: 15

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

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

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) _____

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 1/15/2011

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

Well depth: 220 Well grouted to a depth of 180 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 8 inches Type of casing: steel

Screen length: 40 feet Screen diameter: 3x5 multiple inches Type of screen: 304 SS

Screen slot size: .012 inches Setting depth: From 180 feet to 220 feet

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

Top of lap pipe or reduction in casing: 160 feet. *If telescoped or more than one screen, describe on next page*

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

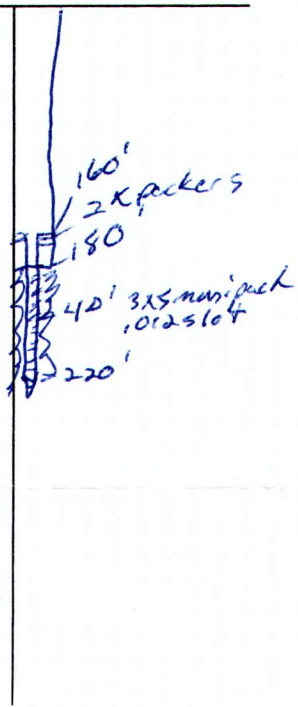
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The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

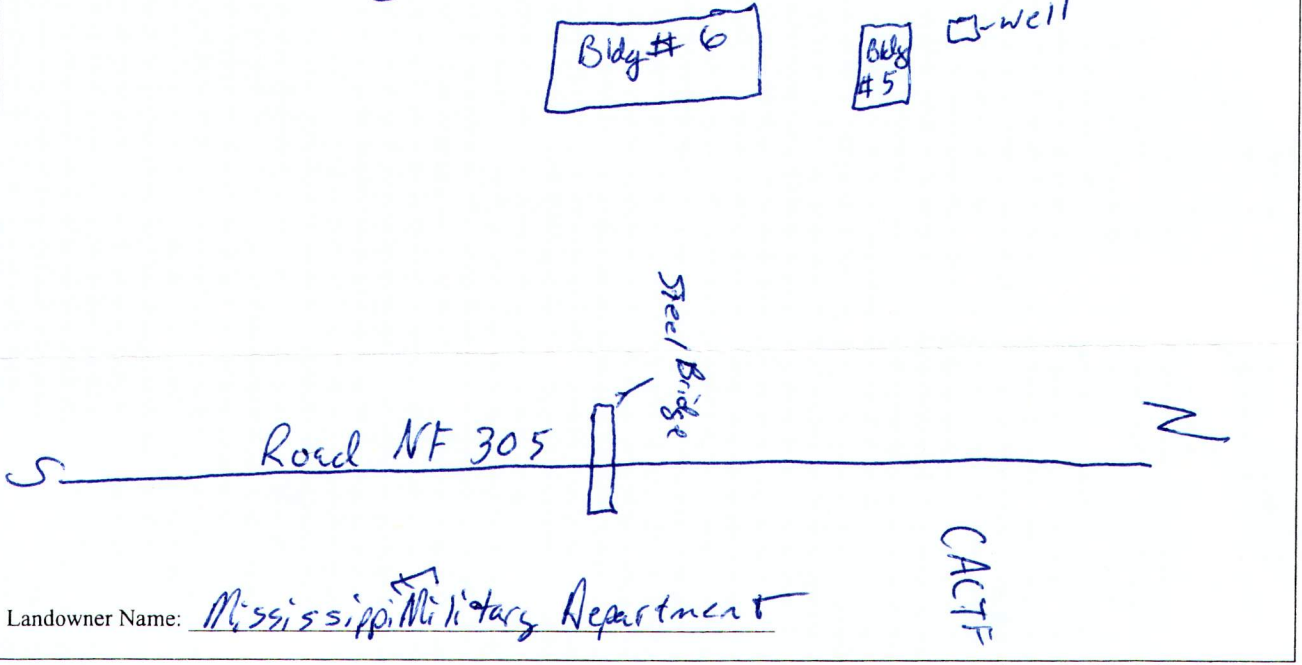
Ground Level 



Description of Formations Encountered	From (depth)	To (depth)
sand gravel	Ground Level	25
sticky white clay	25	85
sand	85	120
clay	120	160
sand + clay	140	180
sand	180	220

If more than one screen, show location of each on sketch

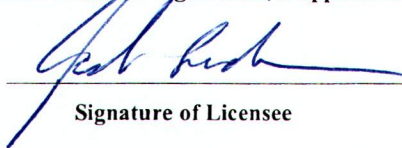
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



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.

Josh Hedner @640 2/8/11
 Print Name of Responsible Licensee and License No. Date


 Signature of Licensee

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

County: Perry
 Permit #: MS-GW-167951
 Driller: Lyman Well
 Date completed: 1/6/12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K18
 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>Mississippi Military Acp.</u>	Latitude: <u>31 08 13 N</u> Longitude: <u>89 04 03 W</u>
Mailing Address: <u>P.O. Box 5027</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Jackson</u> MS <u>39296</u> City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. <u>(601) 313-6130</u>	<u>NW</u> <u>SE</u> <u>SW</u> <u>NE</u> 1/4 1/4 Sec <u>14</u> T <u>2N</u> R <u>11W</u>
	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7.5</u>
Date Pump Installed: <u>1/6/12</u>	Setting Depth: <u>147</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/22/11</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>130</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>85</u> GPM with a drawdown of
Test Pumping Rate: <u>85</u> Gallons Per Minute	<u>20</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Josh Ledner 0-640 Josh Ledner
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SW-106 (04/08) **RECEIVED**

JAN 17 2012
 BY: OLWR