

**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: Harrison  
 Permit #: MS GW-10688  
 Driller: Lyman Well  
 Date drilling completed: 3/31/10

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 1390  
 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.*

<p align="center"><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Harrison County Utility Authority</u>                  Mailing Address: <u>P.O. Box 2409</u>  <u>Gulfport MS 39505</u>                  City State Zip Code                  Telephone No. <u>(228) 868-8752</u></p>	<p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: <u>30° 33' 32"</u> Longitude: <u>89° 03' 57"</u>                  Method of Lat/Long (circle one): Conventional Survey,                  USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS ✓  <u>SW</u> ¼ <u>SW</u> ¼ Sec. <u>35</u> Twn <u>5S</u> Rng <u>11W</u>                  Distance Direction Nearest Town                  _____ Miles _____ of _____</p>
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**Well / Borehole Data**

Date drilling started: 3/26/10 Date drilling completed: 3/31/10 Hole depth: 420 Hole diameter: 15"  
 Location of the source of any surface water used for drilling: NA  
 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): MDEQ  
 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: 65 feet above or below (circle one) land surface Date measured: 3/31/10  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 420 Well grouted to a depth of 50 feet Type of grout (circle one) Neat Cement Bentonite Mix  
 Casing length: 390 feet Casing diameter: 8" inches Type of casing: Steel  
 Screen length: 30 feet Screen diameter: 6x8 inches Type of screen: 316SS munipack  
 Screen slot size: .012 inches Setting depth: From 390 feet to 420 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: 390 feet. If telescoped or more than one screen, describe on next page

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

*Permit lists:*  
East Central Harrison Co Wastewater Treatment Facility as Landowner

**RECEIVED**  
 APR 08 2010  
**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  
 (601)961-5210  
 (601)961-5228 (fax)

County: Harrison  
 Permit #: MSGW-1068-10688  
 Driller: Lyman Well  
 Date complete: 8/23/2010  
 Copy information from block on Part 1

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: 0390  
 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>Harrison County Utility Authority</u>	Latitude: <u>30 33 32</u> Longitude: <u>89 03 57</u>
Mailing Address: <u>P.O. Box 2409</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Gulfport</u> MS <u>39505</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade <input type="checkbox"/>
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>Irr. 35</u> T <u>55</u> R <u>11W</u>
Telephone No: <u>(228) 868-8752</u>	Distance _____ Miles Direction _____ of _____ Nearest Town _____

Pump Type	Power Type
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Bucket <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/>
Other (specify): _____	Hand <input type="checkbox"/>
Date Pump Installed: <u>8/18/2010</u>	Windmill <input type="checkbox"/>
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Other (specify): _____
	Horse Power Rating of Motor: <u>30</u>
	Setting Depth: <u>160'</u> feet
	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Air Line <input type="checkbox"/>
Static Water Level (A): <u>05</u> Feet Below Land Surface	Electric Measuring Line <input checked="" type="checkbox"/>
Pumping Water Level (B): <u>95</u> Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown (B) - (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>300</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>300</u> GPM with a drawdown of <u>30</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.

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

