

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Harrison
Permit #: NPR
Driller: Lynner Well
Date drilling completed: 4/5/2010

For Office Use Only:
Aquifer: C 392
Well #: _____
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>(HCUA) Harrison County Utility Authority</u>	Latitude: <u>30.39.20</u> Longitude: <u>89.07.25</u>
Mailing Address: <u>P.O. Box 2409</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS _____
<u>Gulfport MS 39505</u> City State Zip Code	<u>SE</u> 1/4 <u>NE</u> 1/4 Sec <u>31</u> Twn <u>45</u> Rng <u>11W</u> <u>NE</u>
Telephone No. <u>(228) 868-8752</u>	Distance _____ Miles Direction _____ Nearest Town _____

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Supply Well

Date well drilling started: 4/8/10 Date well drilling completed: 4/10/10

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

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

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

Hole depth: 340 Well depth: 338 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix _____

Casing length: 298 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: 5W

Screen slot size: .008 inches Setting depth: From 298 feet to 338 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: _____ feet. If telescoped or more than one screen, describe on back of page

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

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Josh Labner 0-640
Print Name of Water Well Contractor and License No.

Josh Labner
Signature of Water Well Contractor

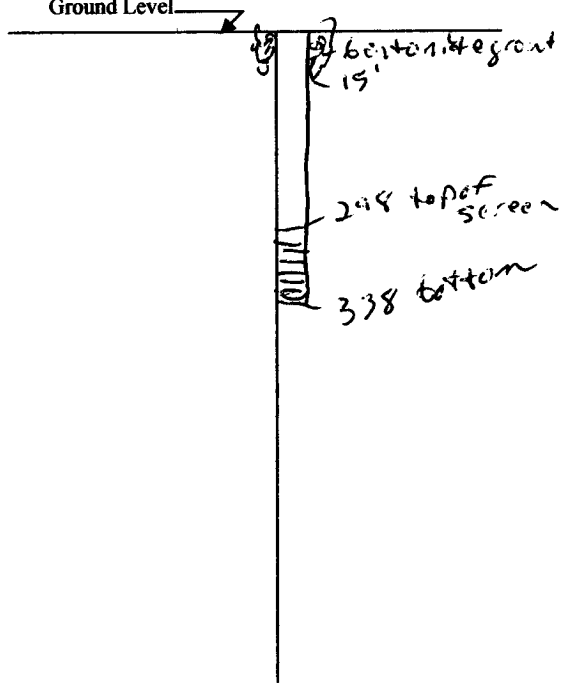
No Permit Req'd
SAW
6-10-15

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BY: OLWR BY: OLWR

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

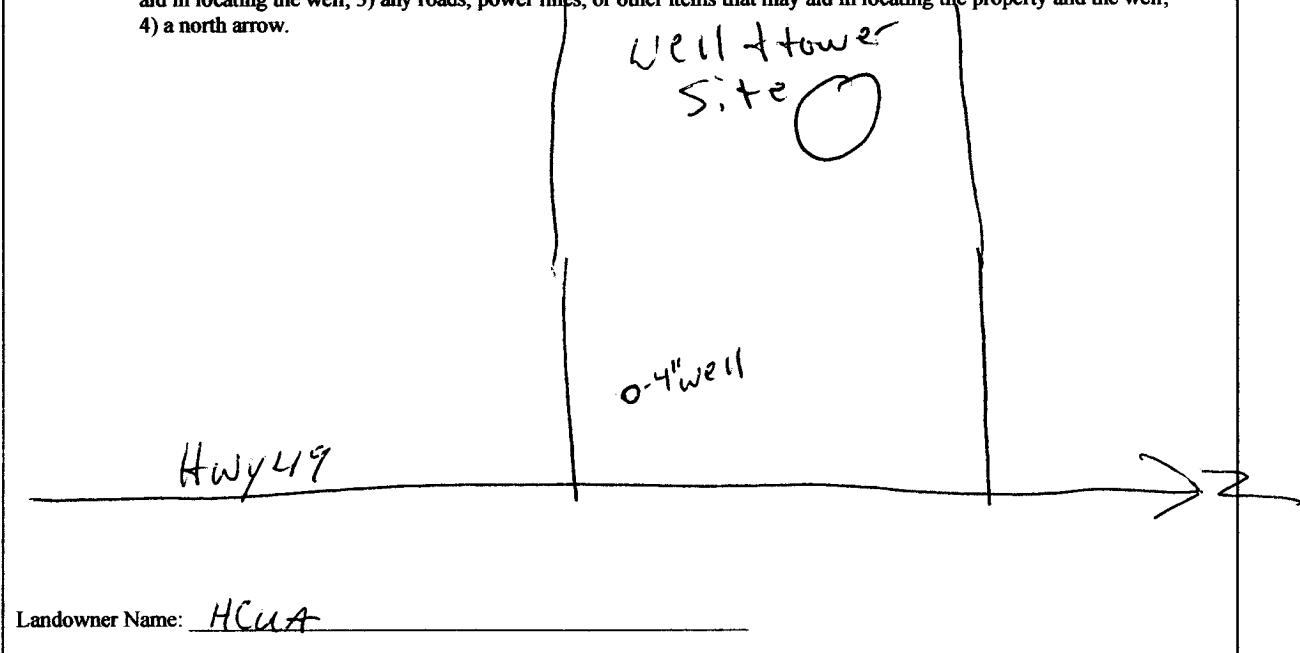
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
sand	Ground Level	20
clay	20	150
fine sand	150	160
clay	160	280
silty	280	300
coarse sand	300	340

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: HCUA

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 Ladner 0-6410 4/19/2010

Print Name of Responsible Licensee and License No. Date Signature of Licensee