

# 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 #: MS-GW-15961  
Driller: Lyman Well  
Date drilling completed: 7/15/05

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: G-509  
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>City of Gulfport</u>	Latitude: <u>30° 29' 59"</u> Longitude: <u>89° 07' 08"</u>
Mailing Address: <u>City of Gulfport</u> <u>P.O. Box 1780</u> <u>Gpt MS 39502</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS ____ 1/4 ____ 1/4 Sec <u>29</u> Twn <u>6S</u> Rng <u>11W</u>
Telephone No. <u>(208) 868-5792</u>	Distance Direction Nearest Town ____ Miles ____ of _____

**Well Data**

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

Date well drilling started: 5/15/05 Date well drilling completed: \_\_\_\_\_

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

Static Water Level: 78' feet above or below (circle one) land surface Date measured: 6/20/05

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

Hole depth: 912 Well depth: 910 Well grouted to a depth of 810' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 810 feet Casing diameter: 20' inches Type of casing: steel

Screen length: 100 feet Screen diameter: 12 inches Type of screen: 35 wrapped or rock

Screen slot size: .015 inches Setting depth: From 810 feet to 910 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: 735 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: \_\_\_\_\_

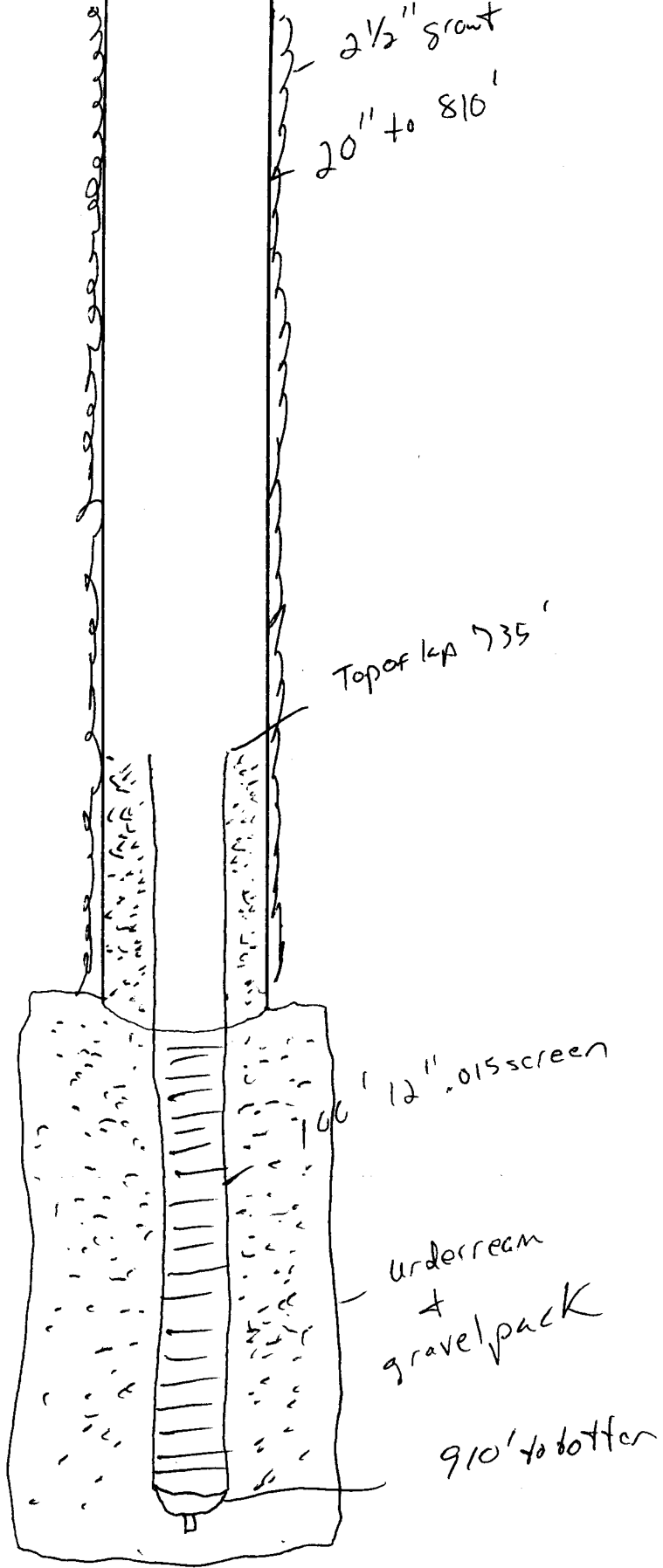
Name of organization running log(s): MDEQ

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

Josh Ladner  
Signature of Water Well Contractor

**RECEIVED**  
AUG 03 2005  
BY: OLWR



10/08/2007 12:33 2288323313  
ATTN: (801)955-0985

LYMANWELL  
07/27/06 08:14A P.001

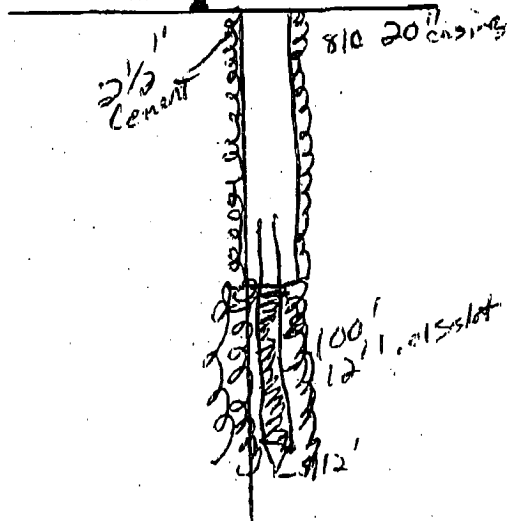
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*The sketch below only intended for water wells.*

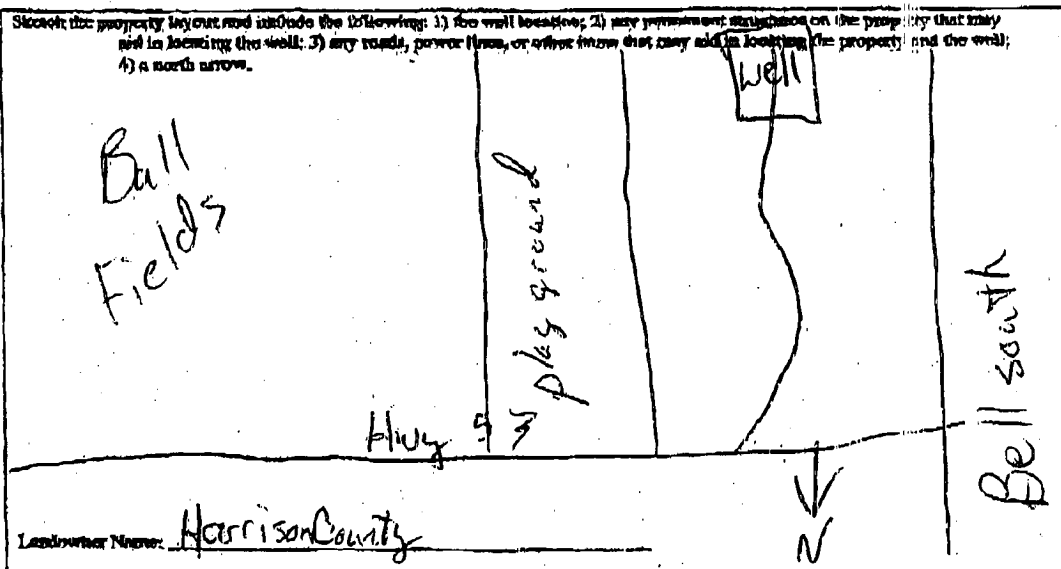
*Description of Formations encountered must provided for all wells and borings, unless specified otherwise by regulations.*

*If well intersects, show depths on sketch.*  
Ground Level



Description of Formations Encountered	From (feet) To (feet)	
	Open	Closed
TOP soil sand	0	50
blue clay	50	503
sand	50	513
blue clay	55	570
sand	70	650
blue clay	50	800
coarse sand	875	910

*If more than one shown, show location of each on sketch.*



I certify that the well location 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 also

Josh Gardner 7/15/05 [Signature]  
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 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Harrison  
Permit #: MS-6W-15961  
Driller: Lyman Well Co.  
Date completed: 4/4/06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: G-509  
Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>City of Gulfport</u>	Latitude: <u>30°29.59</u> Longitude: <u>89°07.08</u>
Mailing Address: <u>P.O. Box 1790</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Gpt</u> <u>MS</u> <u>39502</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>29</u> Twn <u>65</u> Rng <u>11W</u>
Telephone No. <u>(228) 868 5792</u>	Distance Direction Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>150</u>
Date Pump Installed: <u>3/15/06</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>1550</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3/16/06</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>78'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>125</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>47</u> Feet Below Land Surface	Well yielded <u>1550</u> GPM with a drawdown of
Test Pumping Rate: <u>1550</u> Gallons Per Minute	<u>47</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Josh Ladner 2640  
Print Name of Pump Installer and License No. (if applicable)

Josh Ladner  
Signature of Pump Installer

RECEIVED

APR 07 2006

BY: OLWR