

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 #: _____
Driller: Lynar Well
Date drilling completed: 9/9/06

For Office Use Only:
Aquifer: _____
Well #: G-523
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>MS power Company</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 4079</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Gpt</u> <u>MS</u> <u>39501</u>	_____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>65</u> Rng <u>11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 865-5993</u>	_____ Miles _____ of _____

Well Data

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

Date well drilling started: 9/07/06 Date well drilling completed: 9/09/06

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 9/9/06

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

Hole depth: 772 Well depth: 770 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 730 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: Saw

Screen slot size: .008 inches Setting depth: From 730 feet to 770 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 Ladner 0-640
Print Name of Water Well Contractor and License No.

Josh Ladner
Signature of Water Well Contractor

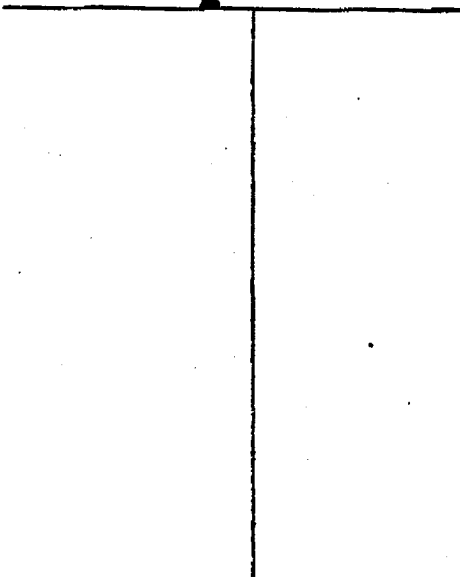
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G-523

The sketch below only required for water wells

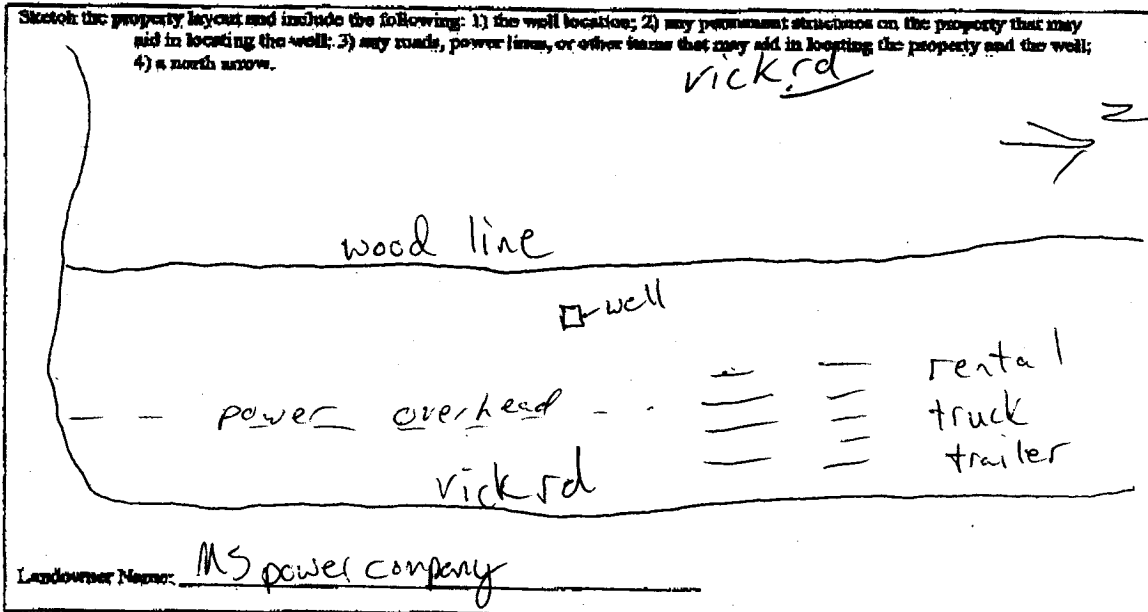
If well telecases, show depths on sketch
Ground Level _____

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



Description of Formations Encountered	From (depth)	To (depth)
Top Soil red clay	Ground Level	20
blue clay	20	480
sand	480	510
clay	510	530
COARSE sand	530	570
blue clay	570	680
COARSE sand	680	770

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



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 law.

Josh hadner 0-6418
Print Name of Responsible Licensee and License No. Date

Josh hadner
Signature of Licensee

Form OLWR-SWR-1A

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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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Harrison
Permit #: _____
Driller: Lyman Well
Date completed: 9/13/06

For Office Use Only:
Aquifer: _____
Well #: G-523
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>MS power Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Po Box 4079</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Gpt</u> <u>MS</u> <u>35501</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>6S</u> Rng <u>11W</u>
Telephone No. <u>(228) 865-5993</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>5</u>
Date Pump Installed: <u>9/13/06</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/13/06</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>62</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	Well yielded <u>87</u> GPM with a drawdown of <u>12</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>87</u> Gallons Per Minute	
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 Ladner 0-640
Print Name of Pump Installer and License No. (if applicable)

Josh Ladner
Signature of Pump Installer

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