

Print & record received 3/13

State Well Report Part 1

County: Harrison
 Permit #: _____
 Driller: Coast Water Well serv.
 Date drilling completed: 9/9/11

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)

For Office Use Only:
 Aquifer: _____
 Well #: 2547
 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>Lyman Well Company</u>	Latitude: <u>30.31.17.46"</u> Longitude: <u>089.07.6.90"</u>
Mailing Address: <u>15456 Sub-Ladner Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
<u>Gulfport, Ms 39503</u> City State Zip Code	<u>SE 1/4 NW 1/4 Sec 17 Twn T6 S Rng R11 W</u>
Telephone No. <u>601-832-3193</u>	Distance Direction Nearest Town <u>8 Miles NW of GULFPORT</u>

Well Data Lyman Fish Hatchery - Animal Rehabilitation Center

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: 7

Date well drilling started: 9/7/11 Date well drilling completed: 9/9/11

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 9/9/11

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

Hole depth: 760 FT. Well depth: 760 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 740 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 740 feet to 760 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: N/A 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): N/A

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.

Jack Ridgell 0-472
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

