

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)

For Office Use Only:

Aquifer: _____
Well #: H-492
L. S. Elevation: _____
E-log #: _____

County: Harrison 049
Permit #: MS-GW-16139
Driller: Lyman Well
Date drilling completed: 01/10/05

Lyman Well Company

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>Superior Utilities</u>	Latitude: <u>30° 30' 30"</u> Longitude: <u>88° 58' 34"</u>
Mailing Address: <u>501 LYNN AVE.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>GULFPORT MS 39503</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 22 Twn 6S Rng 10W</u>
Telephone No. <u>(228) 832-7146</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: 4/13/04 Date well drilling completed: 01/10/05

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

Static Water Level: 140' feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 780 Well depth: 760 Well grouted to a depth of 660 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 660 feet Casing diameter: 12 inches Type of casing: steel

Screen length: 80-60 feet Screen diameter: 8 inches Type of screen: SS wrapped rods

Screen slot size: 0.12 inches Setting depth: From 700 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: 580 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 ELOG File H-0492

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.

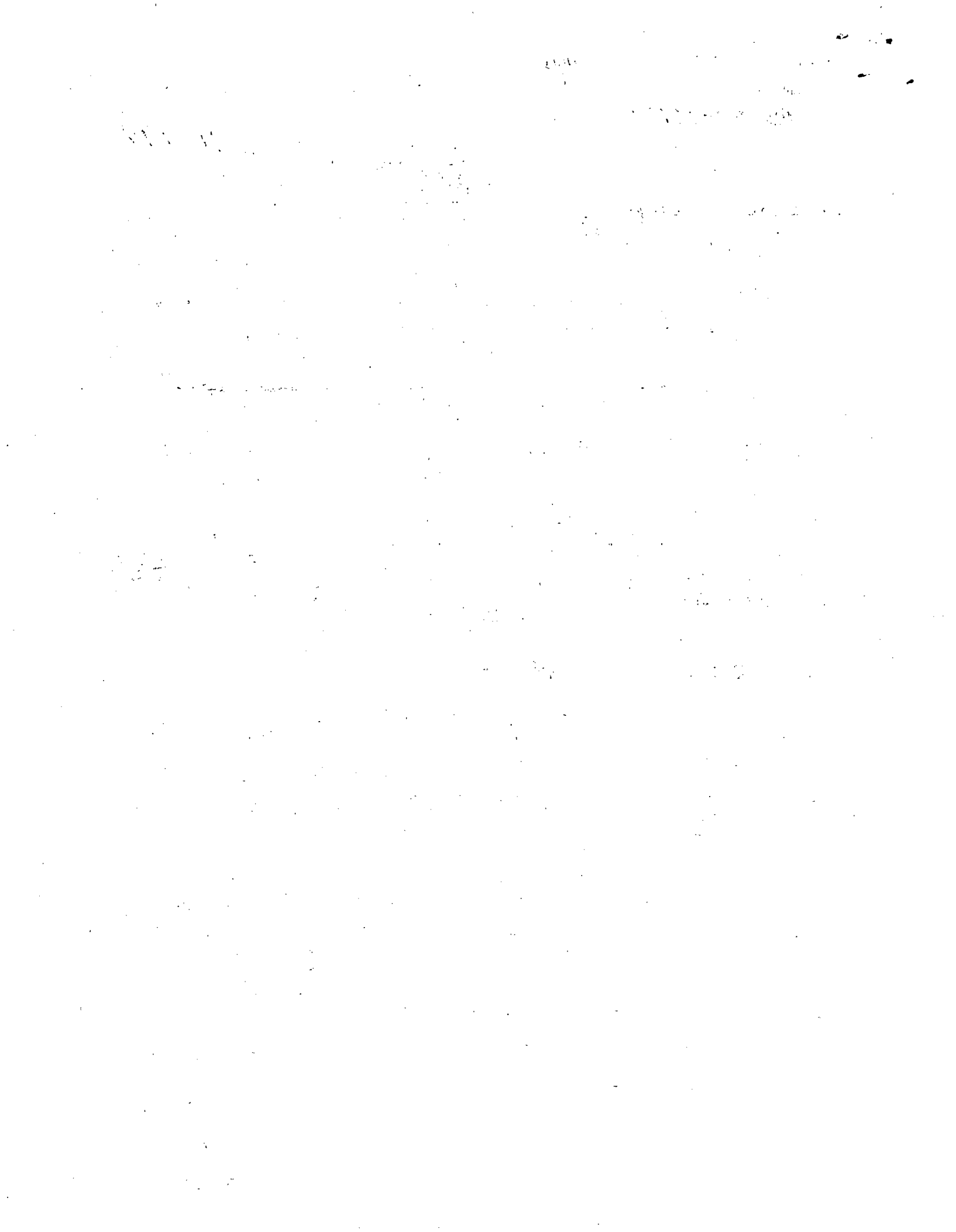
Josh Kadner 0-640
Print Name of Water Well Contractor and License No.

Josh Kadner
Signature of Water Well Contractor

RECEIVED

FEB 24 2005

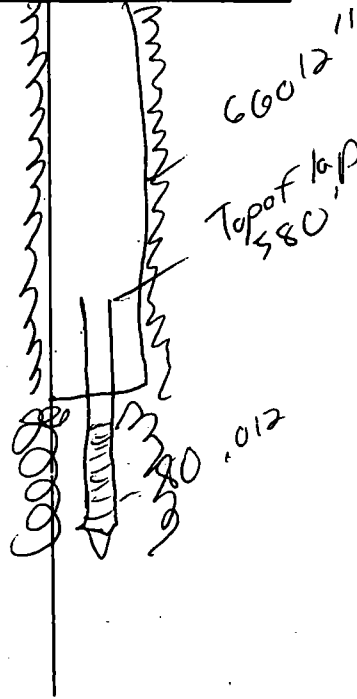
BY: OLWR



If well telescopes please sketch below and show depths.

Ground Level

H-492



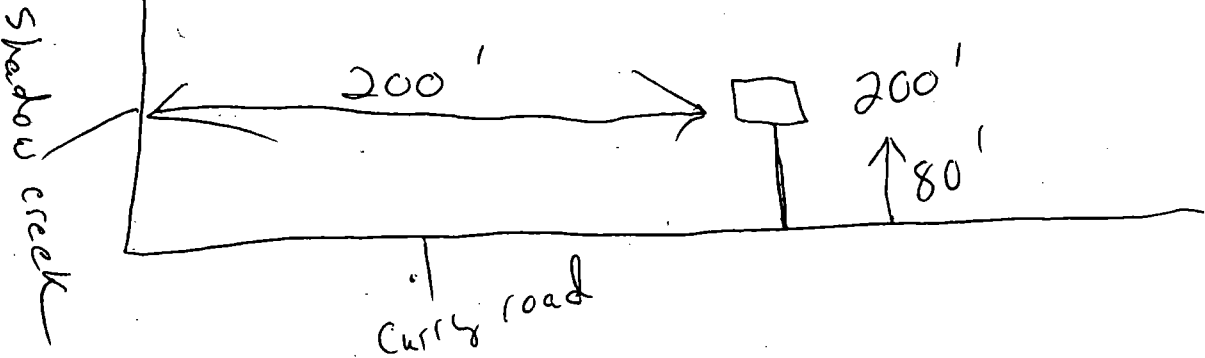
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	410
sand	410	507
clay	507	567
sand	567	601
clay	601	680
sand	680	785

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) indicate direction.



Landowner Name: Ronnie Plummer

John Adams
Signature of Water Well Contractor

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

County: Harrison
 Permit #: MS 6116139
 Driller: Lyman Well
 Date completed: 01/10/05

For Office Use Only:
 Aquifer: _____
 Well #: H492
 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>Superior Utilities</u>	Latitude: <u>30° 30' 30"</u> Longitude: <u>88 58 34</u>
Mailing Address: <u>501 Lynn Ave.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Culpeper</u> <u>MS</u> <u>39503</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>N1W 1/4 SE 1/4 Sec 22 Twn 6S Rng 10W</u>
Telephone No. <u>628 832 7146</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>40</u>
Date Pump Installed: <u>4/13/04</u>	Setting Depth: <u>240</u> feet
Rated Pump Capacity: <u>400</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/13/04</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>20</u> Feet Below Land Surface	Well yielded <u>400</u> GPM with a drawdown of
Test Pumping Rate: <u>480</u> Gallons Per Minute	<u>20</u> feet after <u>4</u> hours of pumping
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 0-6280
 Print Name of Pump Installer and License No. (if applicable)

Josh Ladner
 Signature of Pump Installer

