

H-494
~~H-500~~

Lyman Well Company

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-16090
Driller: Josh Ladner
Date drilling completed: 7/16/04

For Office Use Only:
Aquifer: _____
Well #: H-500-494
L. S. Elevation: _____
E-log #: _____

RECEIVED

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.

JUL 26 2004

BY OLWR

Well Owner Information	Well Location
Owner Name: <u>City of A' Iberville</u>	Latitude: <u>30.29.25</u> ° N Longitude: <u>88.33</u> ° W
Mailing Address: <u>PO Box 6024</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>A' Iberville</u> <u>MS</u> <u>39532</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NA</u> 1/4 <u>NA</u> 1/4 Sec <u>29</u> Twn <u>65</u> Rng <u>90</u>
Telephone No. <u>(628) 392-7965</u>	Distance <u>NA</u> Miles Direction <u>NA</u> of Nearest Town <u>NA</u>

Well Data

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

Date well drilling started: 5/10/04 Date well drilling completed: 7/16/04

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

Static Water Level: 32' feet above or below (circle one) land surface Date measured: 7/16/04

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

Hole depth: 748' Well depth: 746' Well grouted to a depth of 657' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 657' feet Casing diameter: 16" inches Type of casing: steel

Screen length: 60" feet Screen diameter: 10" inches Type of screen: SS wrap pad base

Screen slot size: .015 inches Setting depth: From 686 feet to 746 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: 585' 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: NA

Name of organization running log(s): DEQ

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

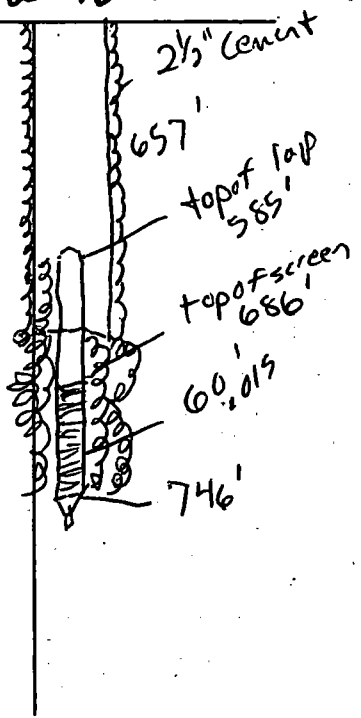
JUL 27 1960

BY OLWR

H-~~500~~ 494

If well telescopes please sketch below and show depths.

Ground Level 6W-16090

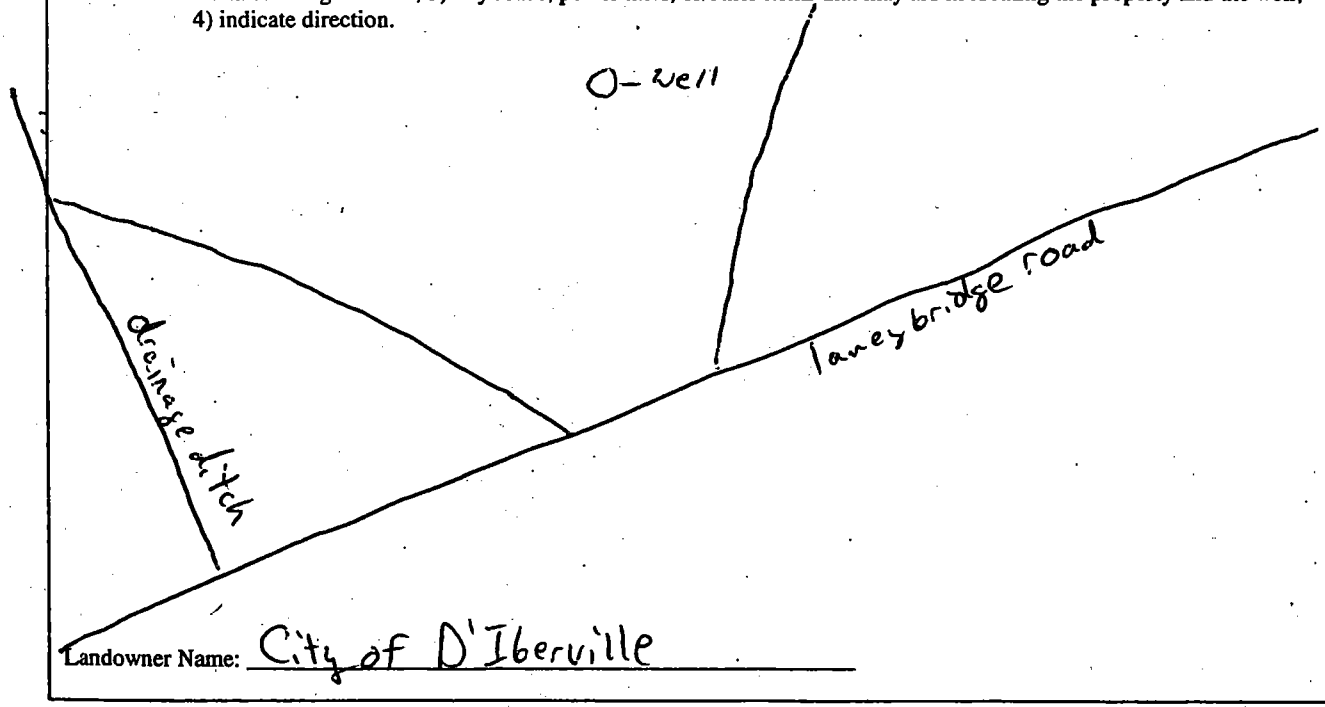


Description of Formations Encountered	From	To
Surface casing	0	85
blue clay	85	260
fine sand	260	320
blue clay	320	490
medium sand	490	550
blue clay	550	630
fine sand	630	670
medium sand large gravel	670	720
fine sand	720	748

RECEIVED
 JUL 26 2004
 BY: OLWR

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.



Josh Padua
 Signature of Water Well Contractor

RECEIVED

JUL 28 1900

U.S. DEPT. OF AGR.

Very truly yours,
[Signature]
[Title]
[Address]

U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

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)

For Office Use Only:

Aquifer: _____
 Well #: H-494
 Elevation: _____

County: Harrison
 Permit #: MS-6W-16090
 Driller: Josh Ladner
 Date completed: 12/12/04

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 D'Iberville</u>	Latitude: <u>30° 29.25' N</u> Longitude: <u>88° 54.03' W</u>
Mailing Address: <u>P.O. Box 6024</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>D'Iberville MS 39532</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>29</u> Twn <u>65</u> Rng <u>9W</u>
Telephone No. <u>(228) 392 7966</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>60HP</u>
Date Pump Installed: <u>11/23/04</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/10/04</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>32'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>64'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>32</u> Feet Below Land Surface	Well yielded <u>950</u> GPM with a drawdown of
Test Pumping Rate: <u>950</u> Gallons Per Minute	<u>32'</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
 Print Name of Pump Installer and License No. (if applicable) _____
 Signature of Pump Installer: Josh Ladner **RECEIVED**

DEC 29 2004
 BY: OLWR

