

# State Well Report

Part I

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-555  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Harrison  
Permit #: \_\_\_\_\_  
Driller: Lyma  
Date drilling completed: 2/9/07

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

Owner Name: Catholic Diocese of Biloxi  
Mailing Address: 1790 Papps Ferry Rd.  
Biloxi MS 39532  
City State Zip Code

### Well Location

Latitude: 30° 33' 17" Longitude: 89° 01' 24"  
Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, Hand-held GPS, Survey-grade GPS  
SE 1/4 NE 1/4 Sec 06 Twn 05 Rng 10W  
Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
Miles \_\_\_\_\_ of \_\_\_\_\_

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Test well  
Date well drilling started: 2/5/07 Date well drilling completed: 2/9/07

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 127 feet above or below (circle one) land surface Date measured: 2/9/07

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 814 Well depth: 750 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix  
Casing length: 700 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 50 feet Screen diameter: 4 inches Type of screen: saw  
Screen slot size: 010 inches Setting depth: From 700 feet to 750 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): MTEQ

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 Hadner 0-640

Print Name of Water Well Contractor and License No.

Josh Hadner  
Signature of Water Well Contractor

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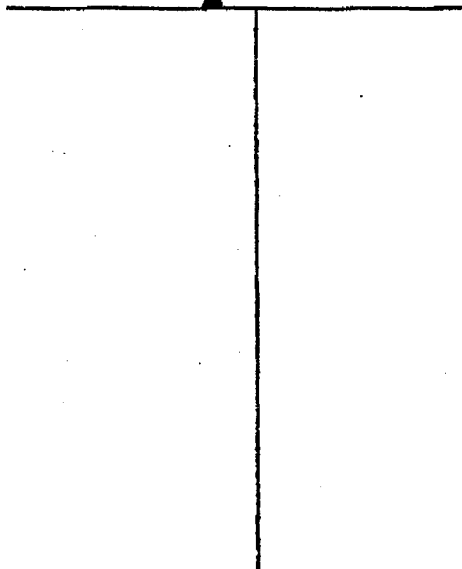
FEB 14 2007

BY: OLWR

H-555

The sketch below only required for water wells

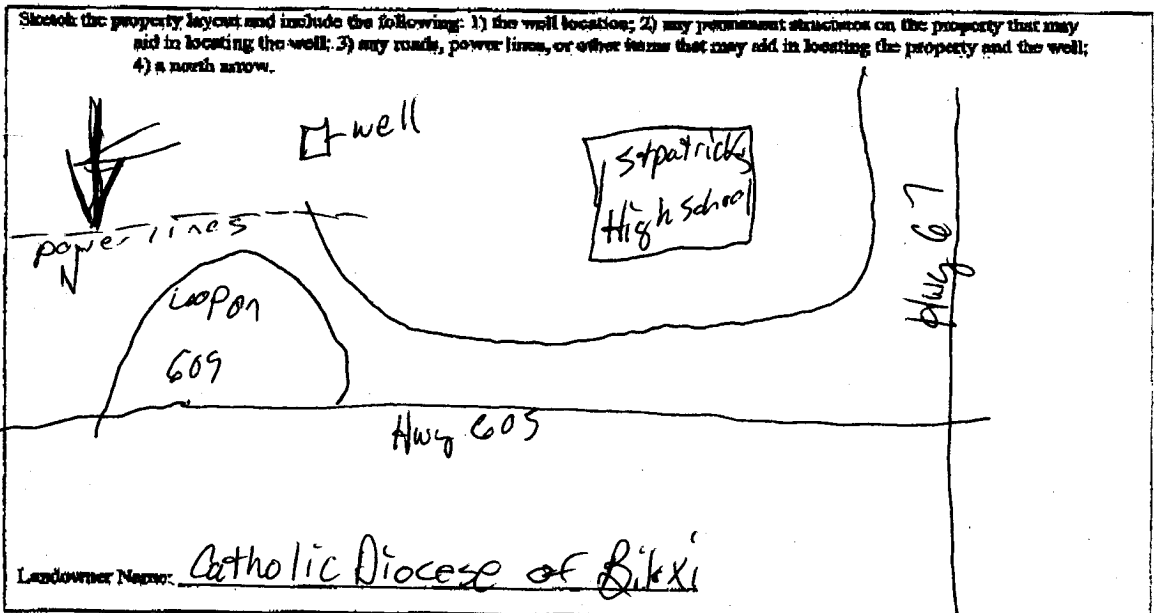
If well telescopes, show depths on sketch.  
Ground Level



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)
red sand clay	0	70
white clay	50	120
blue clay	120	360
sand	360	470
blue clay	470	620
medium sand	620	750

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 laws.

Josh Kadner 0640 2/1/07

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: H-555  
 Elevation: \_\_\_\_\_

County: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: Lynar  
 Date completed: 2/10/07

**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>Catholic Diocese</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1790 Papps Ferry Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Blox</u> <u>MS</u> <u>39532</u> City State Zip Code	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>06</u> Twn <u>6S</u> Rng <u>10W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>2/12/07</u>	Setting Depth: <u>220</u> feet
Rated Pump Capacity: <u>65</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/12/07</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>127</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>187</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded <u>67</u> GPM with a drawdown of
Test Pumping Rate: <u>67</u> Gallons Per Minute	<u>60</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 Lahner 0-640      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

**RECEIVED**  
 FEB 14 2007  
 BY: OLWF