

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-564
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: MS-GW-16370
Driller: Lyman Well
Date drilling completed: 4-12/07

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 Popp's Ferry Road
Biloxi MS 39532
City State Zip Code
Telephone No. (228) 702-2100

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
SW NE 1/4 Sec 6 Twn 6S Rng 10W
SE
Distance _____ Direction _____ Nearest Town _____
Miles _____ of _____

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: 4-17
Date well drilling started: _____ Date well drilling completed: 4-12-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 117' feet above or below (circle one) land surface Date measured: 4-19-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 757 Well depth: 755 Well grouted to a depth of 620
Type of grout (circle one): Cement Bentonite Mix
Casing length: 620 feet Casing diameter: 16" inches Type of casing: steel
Screen length: 80 feet Screen diameter: 10x12 inches Type of screen: manipack
Screen slot size: .012 inches Setting depth: From 755 feet to 625 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

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BY: OLWR

Top of lap pipe or reduction in casing: 0-16 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

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

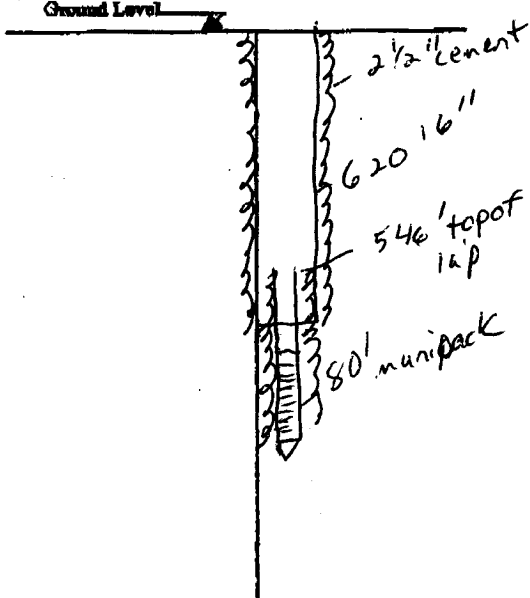
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COMMUNICATIONS SECTION

H-564

The sketch below only required for water wells.

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

If well is cased, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
red sand	0	125
soft blue clay	125	360
coarse sand	360	470
blue clay	470	560
medium sand	560	755

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) a north arrow.

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Landowner Name: Catholic Diocese of Biloxi

Form: OLWR-SWR-1A

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 Leder 0-6410 4/24/07 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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)

For Office Use Only:

Aquifer: _____

Well #: H-564

Elevation: _____

County: Harrison
 Permit #: MS-6U-10370
 Driller: Lynan Well
 Date completed: 6-26

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 of Biloxi</u>	Latitude: <u>30 33 17N</u> Longitude: <u>89 01 24W</u>
Mailing Address: <u>1790 Poppas Ferry Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Biloxi</u> MS <u>39532</u>	<u>1/4</u> <u>1/4</u> Sec <u>6</u> Twn <u>6S</u> Rng <u>10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 702-2100</u>	_____ 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>100</u>
Date Pump Installed: <u>6/14/07</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>1100</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>117</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>162</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>45</u> Feet Below Land Surface	Well yielded <u>1700</u> GPM with a drawdown of
Test Pumping Rate: <u>1700</u> Gallons Per Minute	<u>44</u> feet after <u>0.7</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>7</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Josh Hadner 0-640
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer