

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-565
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: _____
Driller: Hyman Well
Date drilling completed: 8/4/07

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	Well Location
Owner Name: <u>Harrison County Schools</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>11072 Hwy 49 West</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Gulfport</u> <u>MS</u> <u>39503</u>	_____ 1/4 _____ 1/4 Sec <u>19</u> Twn <u>6S</u> Rng <u>9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(928) 539 6508</u>	_____ Miles _____ of _____

Well Data

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

Date well drilling started: 8/4/07 Date well drilling completed: 8/4/07

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

Static Water Level: 122' 8" feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 762 Well depth: 780 Well grouted to a depth of 19 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 710 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: Saw

Screen slot size: .008 inches Setting depth: From 710 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): MDEQ

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BY OLWR

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

