

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 #: H605
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: _____
Driller: Coast Water Well Serv
Date drilling completed: 9/21/12

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>Lyman Well Co. / SCI, inc</u>	Latitude: <u>30° 28' 45.24" N</u> Longitude: <u>088° 59' 51.54" W</u>
Mailing Address: <u>Walsh Fayard Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Biloxi, MS 39532</u>	<u>SW 1/4 NW 1/4 Sec 33 Twn T65 Rng R10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 860-4293</u>	<u>2 Miles NW of Biloxi, MS.</u>

Well Data

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

Date well drilling started: 9/19/12 Date well drilling completed: 9/21/12

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 9/21/12

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

Hole depth: 434 FT Well depth: 434 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 214' X 2" feet Casing diameter: 4 X 2 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .0006 inches Setting depth: From 414 feet to 434 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: N/A 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): N/A

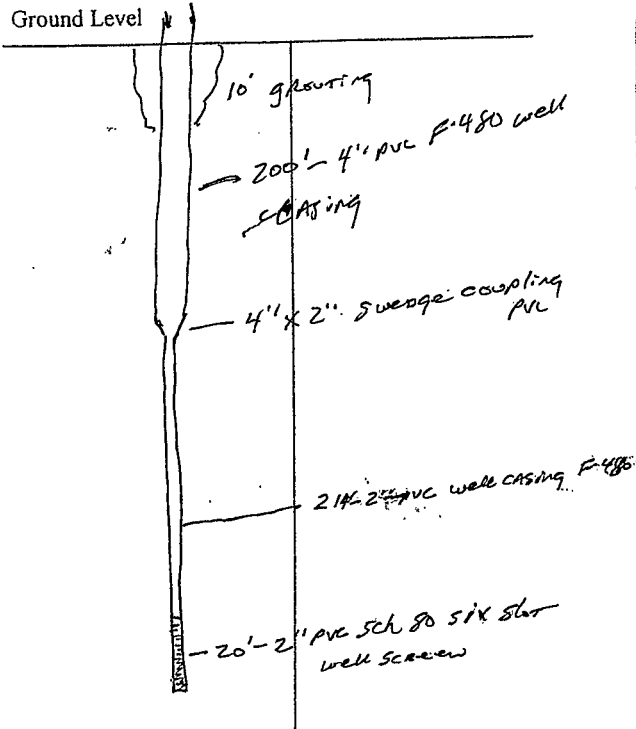
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state law.

Jack Ridgdell 0-472
Print Name of Water Well Contractor and License No.

Jack Ridgdell
Signature of Water Well Contractor

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BY: OLWR
Lewis Printing - Pascagoula, MS

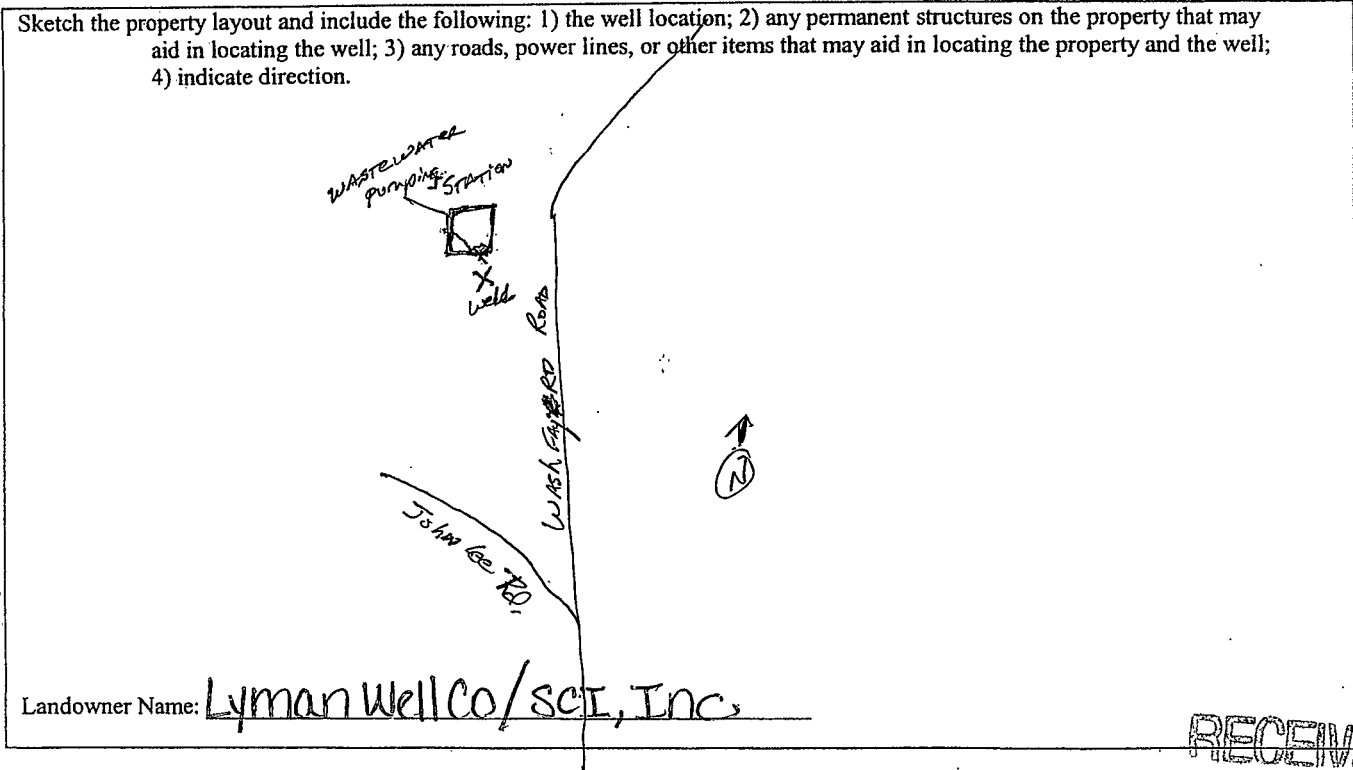
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP SOIL	0	2
White Coarse Sand	2	10
White clay	10	41
Orange coarse Sand	41	76
Blue clay w/ streaks of sand	76	360
Gray Medium to Coarse sand	360	434

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: Lyman Well Co/SCI, Inc.

John Rydell
Signature of Water Well Contractor

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