

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: 5413
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: _____
Driller: Cost Water Wells, Inc
Date drilling completed: 10-1-14

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Lyman Well Company</u>	Latitude: <u>30° 23' 44.52"</u> Longitude: <u>089° 15' 36.66"</u>
Mailing Address: <u>15452 Sub-Ladner Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Gulfport, MS</u> State: <u>MS</u> Zip Code: <u>39503</u>	<u>N 6 1/4 NW 1/4, Sec 35, T 7 S R 13 W</u>
Telephone No. <u>228 832-3193</u>	<u>4</u> Miles <u>NORTH</u> of <u>PASS CHRISTIAN</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>9/29/14</u>	Date drilling completed: <u>10/1/14</u> Hole depth: <u>312 FT</u> Hole diameter: <u>4</u>
Location of the source of any surface water used for drilling: <u>N/A</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gallon 1000 drilling 2 gallon well</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>	
Other (describe): <u>Waste Water Plant</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>25</u> feet [above or (below) land surface (circle one)] Date measured: <u>10-1-14</u>	
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> <input checked="" type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>312'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>297</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>15</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.008</u> inches Setting depth: From <u>297</u> feet to <u>312</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet	

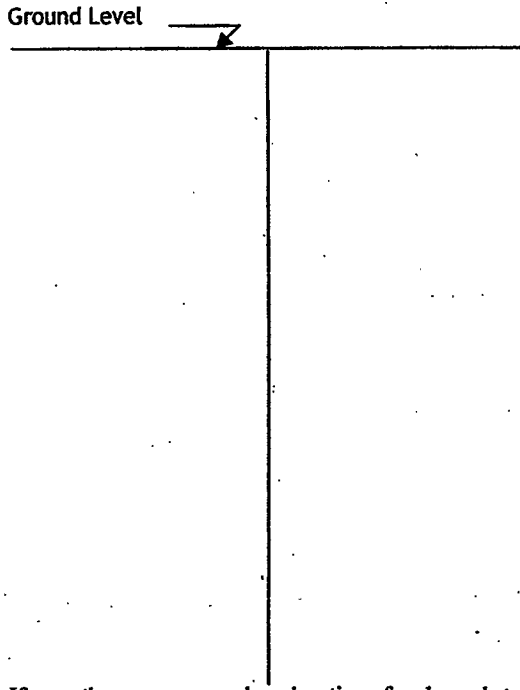
If telescoped or more than one screen, describe on next page

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BY: OLWR

County: HARRISON
 Permit #: _____

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 Well #: J413

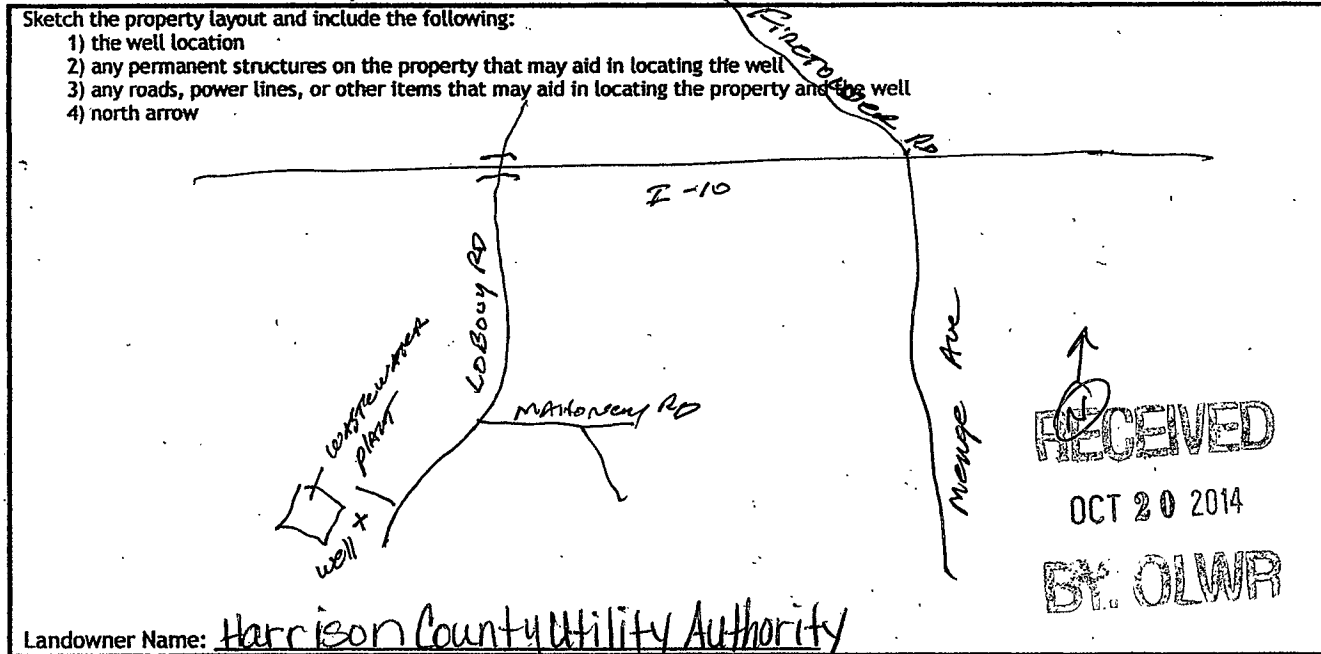
The sketch below only required for water wells
If well telescopes, show depths on sketch.



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)
TOP SOIL	Ground level	2
Orange clay w/ str. of sand	2	75
Blue clay w/ str. of sand	75	294
Gray coarse sand	294	312

If more than one screen, show location of each on sketch



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Landowner Name: Harrison County Utility Authority

I HEREBY 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.

Jack Ridadell 0-472 10/7/14 Jack Ridadell
 Print Name of Responsible Licensee and License No. Date Signature of Licensee