

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)

County: Harrison
Permit #: MS-6W-16523
Driller: Lyman Well Co.
Date drilling completed: 3/5/04

For Office Use Only:
Aquifer: _____
Well #: K-404
L. S. Elevation: 42'
E-log #: _____

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>Sutter Water Service</u>	Latitude: <u>30° 25' 25"</u> Longitude: <u>89° 11' 24"</u>
Mailing Address: <u>397 Clark Avenue</u> <u>P.O. Box 493</u> <u>Pass Christian MS 39571</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>NE</u> ¼ <u>NE</u> ¼ Sec <u>21</u> Twn <u>75</u> Rng <u>12W</u>
Telephone No. <u>(228) 432-2031</u>	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: 3/1/04 Date well drilling completed: 3/5/04

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

Static Water Level: 65' feet above or below (circle one) land surface Date measured: 3/5/04

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

Hole depth: 840 Well depth: 830 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 780 feet Casing diameter: 4" inches Type of casing: PRC

Screen length: 50 feet Screen diameter: 4 inches Type of screen: SAW

Screen slot size: .008 inches Setting depth: From 780 feet to 830 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

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 Kadner 0-640
Print Name of Water Well Contractor and License No.

Josh Rod
Signature of Water Well Contractor

*Production well was not
put in so I am
changing MS-6W-16523 to lower
NR, UN, TH 1/6/12*

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K-404

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 teleconers, show depths on sketch.
Ground Level

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
top so. limestone	0	100
stiff blue clay	100	500
coarse sand	500	670
blue clay	670	710
sand	710	830

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.

Landowner Name: _____

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.

Print Name of Responsible Licensee and License No. Date Signature of Licensee
Josh Lader 0-6410 3/5/05 [Signature]

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