

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 #: _____
Driller: Lynan Well
Date drilling completed: 8/16/07

For Office Use Only:
Aquifer: _____
Well #: K-433
L. S. Elevation: 40
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>Harrison County Schools</u> | Latitude: <u>30° 26' 07"</u> Longitude: <u>89° 11' 49"</u> |
| Mailing Address: <u>11072 Hwy 49</u> | Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS |
| City: <u>Got</u> State: <u>MS</u> Zip Code: <u>39503</u> | USGS quad: <u>SE 1/4 NW 1/4 Sec 16 Twn 7S Rng 12W</u> |
| Telephone No. <u>(228) 539 6500</u> | Distance _____ Miles Direction _____ of Nearest Town _____ |

Well Data

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

Date well drilling started: 8/7/07 Date well drilling completed: 8/16/07

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

Static Water Level: 78 feet above or below (circle one) land surface Date measured: 8/16/07

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

Hole depth: 750 Well depth: 750 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 700 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 008 inches Setting depth: From 700 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

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.

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

Signature of Water Well Contractor [Signature]

RECEIVED
MAY 12 2008
BY: OLWR

