

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 #: MSGW 16400
Driller: Lyman Well
Date drilling completed: 8/18/08

For Office Use Only:
Aquifer: _____
Well #: K-448
L. S. Elevation: _____
E-log #: 38

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, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Gulfport</u> <u>MS</u> <u>39503</u> City State Zip Code	<u>SE</u> $\frac{1}{4}$ <u>NN</u> $\frac{1}{4}$ Sec <u>16</u> Twn <u>7S</u> Rng <u>12W</u>
Telephone No. <u>(228) 539 6500</u>	Distance Direction Nearest Town _____ Miles _____ of _____

Well Data

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

Date well drilling started: 7/6/08 Date well drilling completed: 8/18/08

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

Static Water Level: 34 feet above or below (circle one) land surface Date measured: 8/18/08

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

Hole depth: 750 Well depth: 748 Well grouted to a depth of 696 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 656 feet Casing diameter: 10 inches Type of casing: steel

Screen length: 40 feet Screen diameter: 5x7 inches Type of screen: manipack

Screen slot size: .012 inches Setting depth: From 708 feet to 748 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: 575 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): MOEQ

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.

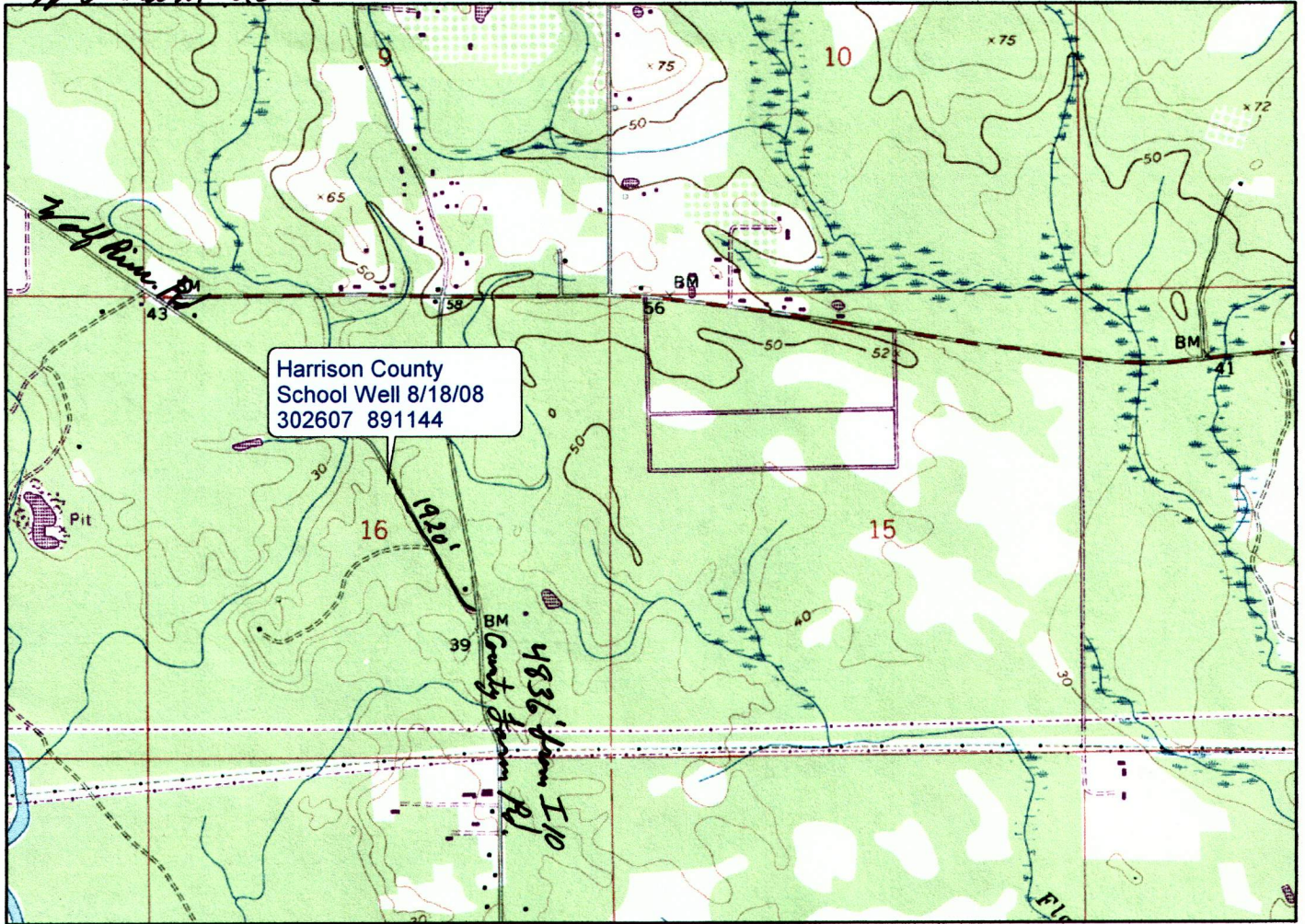
Josh Kadner 0-640
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

RECEIVED
SEP 18 2008
BY: OLWR

K448

Wortham Quad



STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Harrison
 Permit #: MS-EN-16400
 Driller: Lyman Well
 Date completed: 8/18/08
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: K448
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

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 (check one): Conventional Survey _____
<u>Cop</u> <u>MS</u> <u>39503</u> City State Zip Code	USGS quad _____ <u>Hand-held GPS</u> Survey-grade GPS _____
Telephone No. <u>(228) 539 6500</u>	_____ 1/4 _____ 1/4 Sec <u>16</u> T <u>7S</u> R <u>12W</u>
	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10HP</u>
Date Pump Installed: <u>8/15/08</u>	Setting Depth: <u>147'</u> feet
Rated Pump Capacity: <u>160</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/15/08</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>78</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>84</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>6</u> Feet Below Land Surface	Well yielded <u>120</u> GPM with a drawdown of
Test Pumping Rate: <u>120</u> Gallons Per Minute	<u>6</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John Badner 0-640 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)