

# 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 #: NA  
Driller: Lynan Well  
Date drilling completed: 7/16/06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: L-746  
L. S. Elevation: \_\_\_\_\_  
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>MS Power Company</u>                                                           | Latitude: _____ Longitude: _____                                                                    |
| Mailing Address: <u>P.O. Box 4079 609 MS</u><br><u>39502-4079</u><br><u>Sgt MS 39502-4079</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____                                                         | _____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>7S</u> Rng <u>11W</u>                                      |
| Telephone No. <u>(228) 297 5993</u>                                                           | Distance _____ Miles _____ of _____ Direction _____ Nearest Town _____                              |

**Well Data**

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

Date well drilling started: 7/10/06 Date well drilling completed: 7/10/06

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 7/16/06

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

Hole depth: 210 Well depth: 200 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: SAU

Screen slot size: .008 inches Setting depth: From 160 feet to 200 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): \_\_\_\_\_

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.

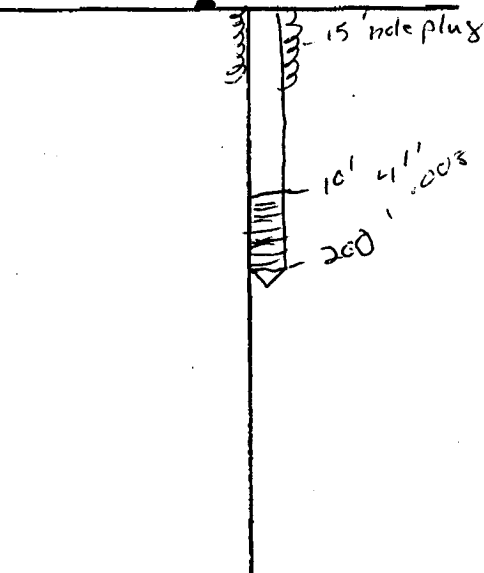
Josh Ladner 0-640 Josh Ladner  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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L-746

The sketch below only required for water wells.

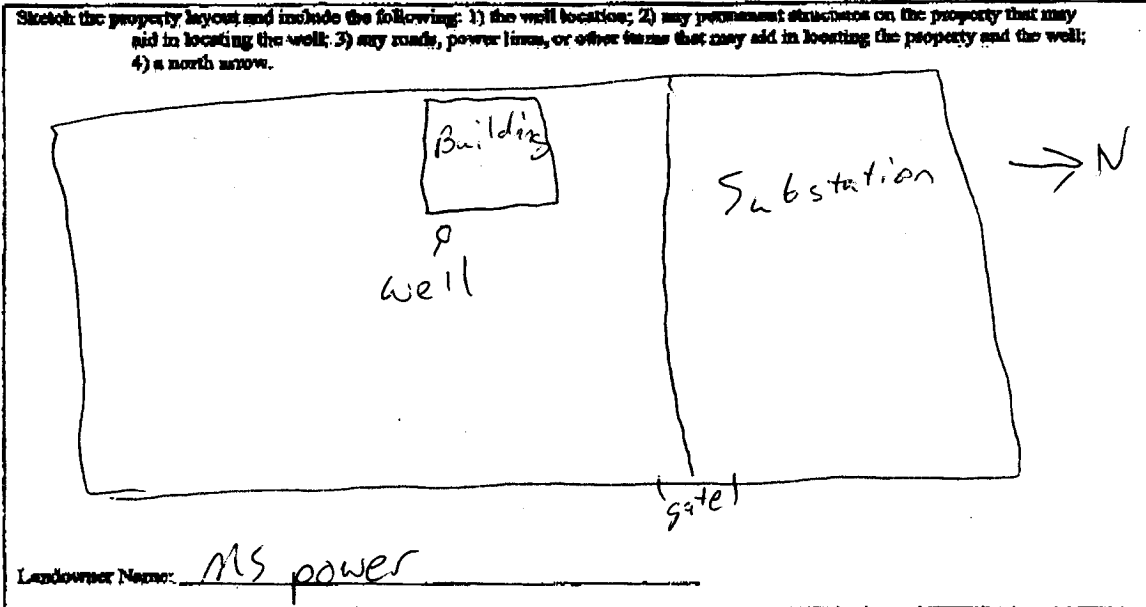
If well televiewer shows depths on sketch  
Ground Level \_\_\_\_\_



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) |
|---------------------------------------|--------------|------------|
| Clay                                  | Ground Level | 30         |
| blue clay                             | 30 @         | 110        |
| Sand Fine                             | 110          | 200        |
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If more than one screen, show location of each on sketch



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. Josh Ladner 0-6410  
Date 8/16/06

Signature of Licensee [Signature]

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# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 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 #: L-246

Elevation: \_\_\_\_\_

County: Harrison  
 Permit #: NA  
 Driller: Lyman Well  
 Date completed: 7/16/06

**This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.**

| Well Owner Information                            | Well Location                                                                                       |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Owner Name: <u>MS Power Company</u>               | Latitude: _____ Longitude: _____                                                                    |
| Mailing Address: <u>P.O. Box 40796pt MS</u>       | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code <u>39502-4079</u> | _____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>7S</u> Rng <u>11W</u>                                      |
| Telephone No. <u>(288) 297 5993</u>               | Distance _____ Direction _____ Nearest Town _____<br>_____ Miles _____ of _____                     |

| Pump Type<br>Circle one                                               | Power Type<br>Circle one                                                     |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------|
| Air Lift      Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine      Gasoline Engine      Natural Gas                          |
| Bucket      Piston      Turbine                                       | <input checked="" type="radio"/> <u>Electric Motor</u> Hand      Tractor PTO |
| Centrifugal      Rotary      Flowing Well                             | Windmill      Other (specify): _____                                         |
| Other (specify): _____                                                | Horse Power Rating of Motor: <u>1HP</u>                                      |
| Date Pump Installed: <u>7/16/06</u>                                   | Setting Depth: <u>80</u> feet                                                |
| Rated Pump Capacity: <u>19</u> Gallons Per Minute                     | Number of Stages: <u>0</u>                                                   |

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

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

John Pedner 0-6410  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

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 AUG 25 2006  
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