

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
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: L 762
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: MS-GW-10690
Driller: Lynar Well
Date drilling completed: 12/3/2010

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>City of Gulfport</u>	Latitude: <u>30° 27' 07"</u> Longitude: <u>89° 04' 58"</u>
Mailing Address: <u>4050 Hewes Ave.</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>39507</u>	<u>SE NE SW NW</u> <u>SW</u> ¼ <u>NW</u> ¼ Sec <u>10</u> ✓ Twn <u>75</u> ✓ Rng <u>11W</u> ✓
City State Zip Code	Distance Direction Nearest Town _____ Miles _____ of _____
Telephone No. <u>(228) 868-5741</u>	

Well / Borehole Data

Date drilling started: 11/18/2010 Date drilling completed: 12/3/2010 Hole depth: 760 Hole diameter: 15

Location of the source of any surface water used for drilling: NA
Method of dosing and volume of Chlorine used in drilling and development: Granular

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
Seismic Survey _____ Other (describe) _____

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

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

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

Static Water Level: 74 feet above or below (circle one) land surface Date measured: 12/7/2010

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

Well depth: 760 Well grouted to a depth of 697 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 697 feet Casing diameter: 10 inches Type of casing: steel

Screen length: 40 feet Screen diameter: 5X7 inches Type of screen: munipack SS

Screen slot size: .012 inches Setting depth: From 720 feet to 760 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: 594 feet. **If telescoped or more than one screen, describe on next page**

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

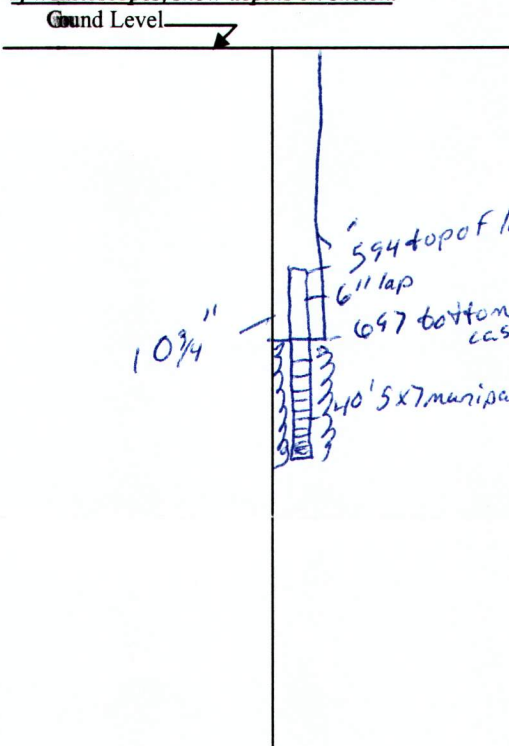
RECEIVED
DEC 13 2010
BY: OLWR

L762

The ~~well~~ below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

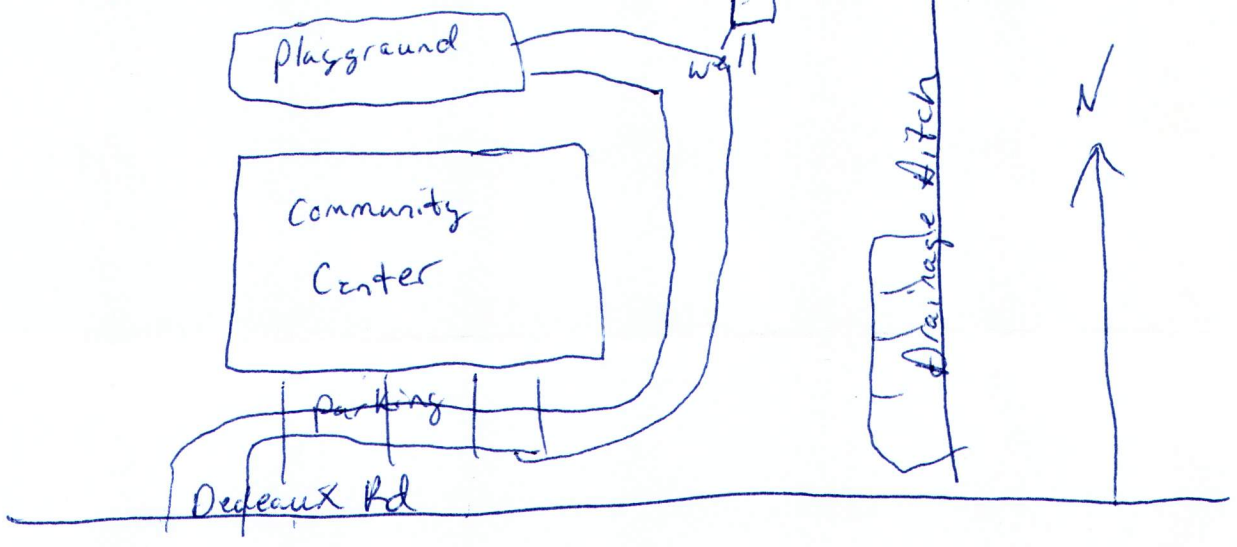
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
top soil sand	Ground Level	40
clay	40	100
sand	100	120
blue clay	120	500
course sand	500	570
clay	570	650
sand	650	760

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: City of Gulfport

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

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.

Josh hadner 0-640 12/9/2010
Print Name of Responsible Licensee and License No. Date

Josh Hadner
Signature of Licensee

RECEIVED
DEC 13 2010
BY: OLWR

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)

For Office Use Only:

Aquifer: _____
 Well #: L 762
 Elevation: _____

County: Harrison
 Permit #: MS-GW-16690
 Driller: Lyman Well Co.
 Date completed: 2/7/11

Copy information from block on Part 1

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>City of Gulfport</u>	Latitude: <u>30 27 07</u> Longitude: <u>89 04 58</u>
Mailing Address: <u>4050 Hewes Ave</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> , USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
<u>Gulfport</u> <u>MS</u> <u>39503</u> City State Zip Code	<u>SE NE SW NW</u> 1/4 Sec <u>10</u> T <u>7S</u> R <u>11W</u>
Telephone No: <u>(228) 868 5741</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	Electric Motor <input checked="" 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>30</u>
Date Pump Installed: <u>2/7/11</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>2/4/11</u>	<input checked="" type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>74</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>16</u> Feet Below Land Surface	Well yielded <u>300</u> GPM with a drawdown of <u>16</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>300</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

This is for (circle one) New Well Replacement of Existing Pump Repair of Existing Pump

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

Josh Ladner - 0640 Josh Ladner
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

Form: OLWR-SWR-10 (07/09) FEB 9 2011

BY: OLWR