

County: Harrison
 Permit #: MS6W 16097
 Driller: Lyman Well
 Date drilling completed: 7/24/05

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)

For Office Use Only:
 Aquifer: _____
 Well #: 160930
 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>City of Biloxi</u>	Latitude: <u>30.27.45</u> Longitude: <u>88.58.17</u>
Mailing Address: <u>City of Biloxi</u> <u>P.O. Box 429 HOLAHOUSE</u> <u>Biloxi MS 39533</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey USGS quad: <u>Hand-held GPS</u> Survey-grade GPS 1/4 1/4 Sec 2 Twp <u>7S</u> Rng <u>10W</u>
Telephone No. <u>(228) 435-6265</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: 6/10/05 Date well drilling completed: 7/24/05

If flowing, method of flow regulation: Valve _____ Other (describe) 0

Static Water Level: 36' feet above or below (circle one) land surface Date measured: 8/01/05

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

Hole depth: 782 Well depth: 780 Well grouted to a depth of 560 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 560 feet Casing diameter: 20 inches Type of casing: steel

Screen length: 120 feet Screen diameter: 10" inches Type of screen: SS rod base

Screen slot size: .015 inches Setting depth: From 590-630 feet to 700-780 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: 480 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. Signature of Water Well Contractor

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)

County: Harrison
 Permit #: MS-GW-16097
 Driller: Lyman Well Co.
 Date completed: 3/23/06

For Office Use Only:
 Aquifer: _____
 Well #: M-930
 Elevation: _____

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>City of Biloxi</u>	Latitude: <u>30°27.45</u>	Longitude: <u>88°58.17</u>	
Mailing Address: <u>City of Biloxi</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
<u>P.O. Box 429 Hannahs St</u>	<u>1/4</u>	<u>1/4 Sec 3</u>	<u>Twn 5 S Rng 10 W</u>
<u>Biloxi MS 39533</u>	Distance _____	Direction _____	Nearest Town _____
City State Zip Code	Miles _____ of _____		
Telephone No. <u>(228) 435-0265</u>			

Pump Type Circle one			Power Type Circle one		
<input type="checkbox"/> Air Lift	<input type="checkbox"/> Jet	<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"/> Piston	<input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor	<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	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1.5</u>		
Date Pump Installed: <u>3/21/06</u>			Setting Depth: <u>240</u> feet		
Rated Pump Capacity: <u>1600</u> Gallons Per Minute			Number of Stages: <u>4</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>3/27/06</u>	<input checked="" type="checkbox"/> Air Line	<input type="checkbox"/> Electric Measuring Line	<input type="checkbox"/> Steel Tape
Static Water Level (A): <u>38</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>69.3</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown (B) - (A): <u>31.3</u> Feet Below Land Surface	Well yielded <u>500</u> GPM with a drawdown of _____		
Test Pumping Rate: <u>2202</u> Gallons Per Minute	<u>43</u> feet after <u>24</u> hours of pumping		
Duration of Pump Test (minimum 4 hours): <u>24</u> hours			

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

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

Josh Ladner
 Signature of Pump Installer