

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 #: Test well
 Driller: Lyman Well
 Date drilling completed: 10/15/07

For Office Use Only:
 Aquifer: _____
 Well #: N354
 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>Pass Christian School District</u> | Latitude: <u>30° 22' 42"</u> Longitude: <u>89° 16' 17"</u> |
| Mailing Address: <u>6303 W Whitman Rd</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Pass Christian MS 39571</u> City State Zip Code | <u>1R 1/4 NE 1/4 Sec 8 Twn 8 Rng 13W</u> |
| Telephone No. <u>(228) 255 6200</u> | Distance _____ Miles Direction <u>16</u> of _____ Nearest Town _____ |

Well Data

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

Date well drilling started: 6/2/07 Date well drilling completed: 10/15/07

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

Static Water Level: 20' feet above or below (circle one) land surface Date measured: 10/8/07

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

Hole depth: 720 Well depth: 700 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 660 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: SAN

Screen slot size: 1008 inches Setting depth: From 660 feet to 700 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.

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

[Signature]
 Signature of Water Well Contractor

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JUN 22 2017

BY OLWR

mail copy to MDEQ 10/12/07

STATE WELL REPORT

Part 2

County: Harrison
 Permit #: Test well
 Driller: Lyman Well
 Date completed: 10/8/07

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 #: N354
 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>Pass Christian School Dist.</u> | Latitude: <u>30 22 42.4</u> Longitude: <u>89 16 17 W</u> |
| Mailing Address: <u>6303 W. Lyman Rd</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>P.C.</u> <u>MS</u> <u>39571</u> | <u>TR</u> $\frac{1}{4}$ <u>TR</u> $\frac{1}{4}$ Sec <u>8</u> Twn <u>83</u> Rng <u>13w</u> |
| City State Zip Code | <u>NE</u> <u>16</u> |
| Telephone No. <u>(601) 255 6200</u> | Distance Direction Nearest Town |
| | Miles of |

| Pump Type Circle one | Power Type 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>5HP</u> |
| Date Pump Installed: <u>10/08/07</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>85</u> Gallons Per Minute | Number of Stages: <u>10</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>No Test Run</u> | Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>20</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

Josh Lader 0-640 Josh Lader
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
 Office of Land and Water Resources
 P. O. Box 2309
 Jackson, MS 39225
 Water Well Plugging/Decommissioning Form
 OLWR-DF-1.(04/08)

| | | | |
|---|------------------------------|---|-------------------|
| COUNTY WELL LOCATED: <u>Harrison</u> | | WELL NUMBER: <u>N354</u> | |
| PERMIT NUMBER: | | DATE WELL PLUGGED: <u>5/22/2013</u> | |
| NAME OF FIRM PLUGGING WELL: <u>Lyman Well</u> | | TELEPHONE NUMBER: <u>528-832-3193</u> | |
| NAME AND ADDRESS OF CURRENT LANDOWNER: <u>Pass Christian School 6303 W Wittman Rd P.O. 39571</u> | | | |
| WELL LOCATION: | SECTION: <u>86</u> | TOWNSHIP: <u>85</u> | RANGE: <u>13W</u> |
| WELL LOCATION: LATITUDE: <u>30 22 42 N</u> | LONGITUDE: <u>89 16 17 W</u> | METHOD (CIRCLE ONE): (1) USGS QUAD (2) CONVENTIONAL SURVEY (3) GPS - <u>HAND HELD</u> OR SURVEY GRADE | |
| DISTANCE: | DIRECTION: | NEAREST TOWN: | OTHER LANDMARK: |
| WELL PURPOSE (HOME, IRRIGATION, MUNICIPAL, ETC.): <u>Test Well</u> | | | |
| NAME OF WELL CONTRACTOR WHO DRILLED THE WELL: <u>Lyman Well</u> | | | |
| NAME OF LANDOWNER WHEN WELL WAS DRILLED: <u>Pass Christian School District</u> | | | |

| WELL DATA | | | |
|--|--------------------------------------|----------------------------|--|
| WELL DEPTH: <u>700</u> | HOLE DEPTH: <u>720</u> | | |
| CASING DIAMETER (IN.): <u>4</u> | CASING LENGTH (FT.): <u>660</u> | TYPE OF CASING: <u>PVC</u> | |
| DEPTH TO STATIC WATER LEVEL: <u>20'</u> | DATE WELL COMPLETED: <u>10/05/07</u> | | |
| WHY IS THE WELL BEING ABANDONED? <u>Health Department Required</u> | | | |

DESCRIBE HOW THE WELL OR HOLE WAS PLUGGED (AMOUNT OF CASING AND/OR SCREEN THAT WAS REMOVED OR LEFT IN HOLE, MATERIAL AND AMOUNT USED IN PLUGGING, METHOD OF PLACING MATERIAL, ETC.)
Perforated casing + Trench Pipe was ran and 72 cu.ft of cement was pumped back to the surface.

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I CERTIFY THAT THE WELL WAS PLUGGED OR ABANDONED IN ACCORDANCE WITH THE STATE OF MISSISSIPPI REGULATIONS.

| | |
|--------------------|-------------------|
| <u>Josh Ladner</u> | <u>0-6210</u> |
| PRINT NAME | MS LICENSE NUMBER |
| <u>[Signature]</u> | <u>5/22/2013</u> |
| SIGNATURE | DATE |