

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 #: 0-24-386

L. S. Elevation: _____

E-log #: _____

County: Harrison
Permit #: 15245
Driller: LTMAN WELL
Date drilling completed: 9/21/98

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>LONG BEACH</u>	Latitude: <u>30.21.32</u> Longitude: <u>89.08.48</u>
Mailing Address: <u>P.O. Box 929</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>LONG BEACH MS 39560</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4</u> <u>NE 1/4</u> <u>SW 1/4</u> Sec <u>12</u> Twn <u>8S</u> Rng <u>12W</u>
Telephone No. <u>(228) 863 0440</u>	Distance _____ Miles Direction _____ Nearest Town <u>LONG BEACH</u>
	<u>CITY LIMITS</u>

Well Data

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

Date well drilling started: March 1998 Date well drilling completed: 9/21/98

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

Static Water Level: +28' feet above or below (circle one) land surface Date measured: 9/21/98

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

Hole depth: 1832 Well depth: 1705 Well grouted to a depth of 1550 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1610 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 80 feet Screen diameter: 10 inches Type of screen: SS rod base

Screen slot size: .010 inches Setting depth: From 1625 feet to 1705 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: 1480 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): MSGS

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.

William Ladner #404

Print Name of Water Well Contractor and License No.

WLF

Signature of Water Well Contractor

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Q-24386

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top Soil	0	5
Sand	5	50
Sandy	50	100
Sandy Clay	100	150
Sand	150	165
Sandy Clay	165	470
Sand	470	490
Clay	490	570
Sand	570	590
Clay	590	660
Sandy clay	660	735
Sandy	735	755
Sand w/clay str.	755	870
Sandy clay	870	980
Clay	980	1030
Sand	1030	1080
Clay	1080	1545
Sandy	1545	1590
Sand	1590	1710
Sandy Clay	1710	1760
Sand	1760	1830

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) indicate direction.

N. Nicholson Ave nr. School
 MSB04 # 240005-13

Landowner Name: CITY OF LONG BEACH


 Signature of Water Well Contractor

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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)

County: Harrison
 Permit #: 15245
 Driller: LYMAN WELL
 Date completed: 9/21/98

For Office Use Only:

Aquifer: _____
 Well #: 0-24386
 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>LONG BEACH</u>	Latitude: <u>302132</u> Longitude: <u>890848</u>
Mailing Address: _____ _____ <u>LONG BEACH MS</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>(Hand-held GPS)</u> Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 12 Twn 8S Rng 12W</u>
Telephone No. <u>(288)</u>	Distance Direction Nearest Town _____ Miles <u>CITY LIMITS</u> of <u>LONG BEACH</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>9/15/98</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>-4-</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/16/98</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>+28'</u> ^{Above} Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>+5'</u> ^{above} Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>23'</u> Feet Below Land Surface	Well yielded <u>1150</u> GPM with a drawdown of
Test Pumping Rate: <u>1000</u> Gallons Per Minute	<u>24</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>23</u> hours	

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

William Ladner #404

Print Name of Pump Installer and License No. (if applicable)

Will Ladner
 Signature of Pump Installer

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OCT 24 2006

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