

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Harrison
Permit #: _____
Driller: Lynnan Well
Date drilling completed: 4/23/2012

For Office Use Only:
Aquifer: _____
Well #: 0407
L. S. Elevation: _____
E-log #: _____

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 Pass Christian</u>	Latitude: <u>30° 20' 23.96" N</u> Longitude: <u>89° 12' 15.72" W</u>
Mailing Address: <u>200 West Scenic Dr</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>Pass Christian MS 39571</u>	<u>SE 1/4 SE 1/4 Sec 20</u> Twn <u>8S</u> Rng <u>12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 452-9311</u>	_____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 4/12/2012 Date drilling completed: 4/23/2012 Hole depth: 800 Hole diameter: 7 3/8

Location of the source of any surface water used for drilling: City of Pass Christian

Method of dosing and volume of Chlorine used in drilling and development: bleach

Logs run (circle all applicable): No log run Electric Gamma Ray _____ Density _____ Sonic _____ Neutron _____ Other: _____

Name of organization running log(s): MDEQ

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

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: Test Well

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

Static Water Level: 27' feet above or below (circle one) land surface Date measured: 4/25/2012

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

Well depth: 840 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 780 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4" inches Type of screen: Saw

Screen slot size: .008 inches Setting depth: From 780 feet to 840 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 next page*

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

RECEIVED

MAY 04 2012

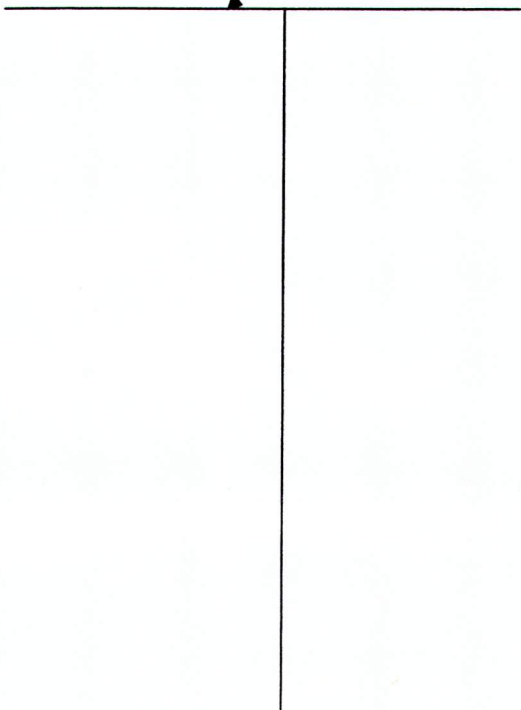
BY: OLWR

The sketch 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.

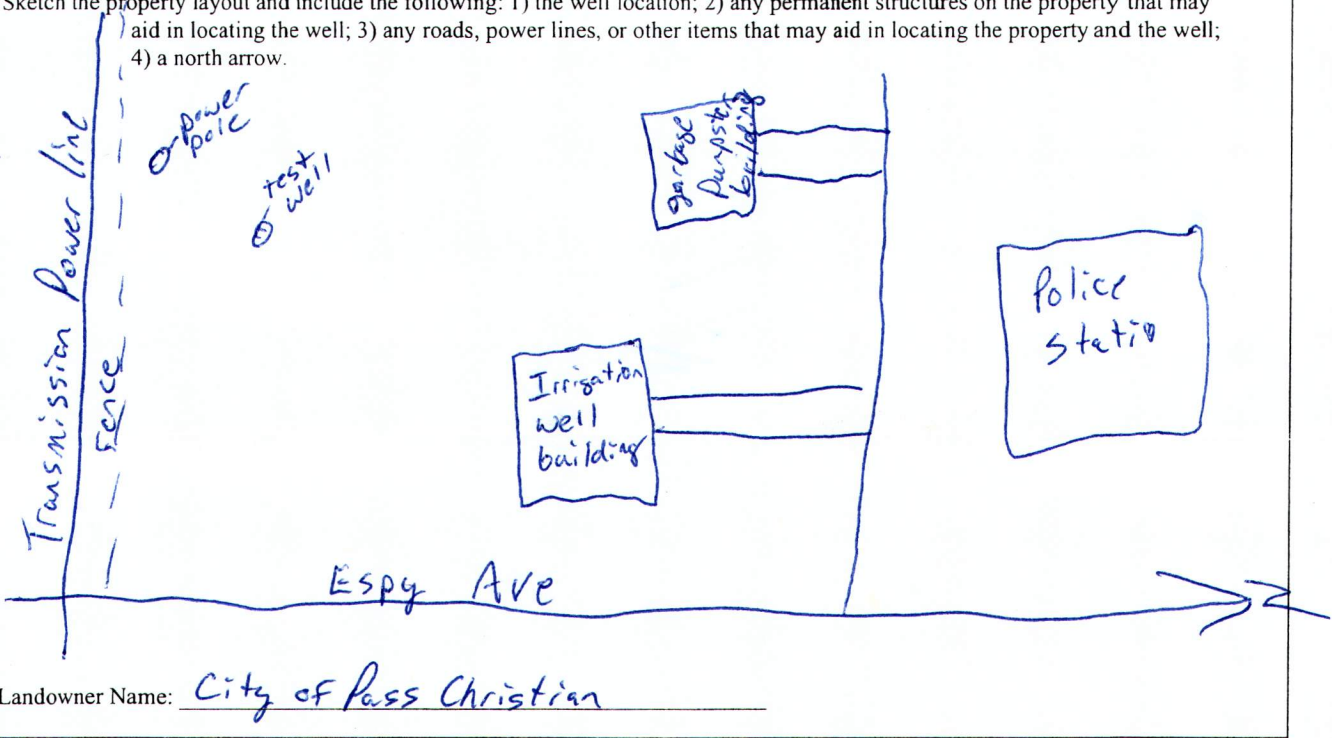
Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
top soil / clay	Ground Level	60
sand	60	140
clay	140	220
sand	220	260
clay/shale	260	600
sand	600	680
clay	680	740
sand	740	860
clay	860	900

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 Pass Christian

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.

Print Name of Responsible Licensee and License No. Josh Ledner - 06410 Date 4/30/2012

Signature of Licensee *Josh Ledner*

RECEIVED
MAY 04 2012
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 #: 0407
 Elevation: _____

County: Harrison

Permit #: _____

Driller: Hyman Well

Date completed: 4/25/2012

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

Owner Name: City of Pass Christian

Mailing Address: 200 West Scenic Dr

Pass Christian MS 39571
 City State Zip Code

Telephone No: (228) 452-3311

Well Location

Latitude: 30°20'23.96"N Longitude: 89°12'15.72"W

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____, Hand-held GPS , Survey-grade GPS

SE ¼ SE ¼ Sec 20 T 8S R 12W

Distance _____ Direction 17 Nearest Town _____
 _____ Miles _____ of _____

Pump Type

Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 4/24/2012

Rated Pump Capacity: 100 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____

Horse Power Rating of Motor: 5

Setting Depth: 60 feet

Number of Stages: 10

Pump Test Data

Date Well Tested: 4/25/2012

Static Water Level (A): 27 Feet Below Land Surface

Pumping Water Level (B): 49 Feet Below Land Surface

Drawdown [(B) - (A)]: 22 Feet Below Land Surface

Test Pumping Rate: 100 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 25 hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 100 GPM with a drawdown of

22 feet after 25 hours of pumping

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

Josh Ladner
 Signature of Pump Installer

RECEIVED

MAY 04 2012

Form: OLWR-SWP-TC (07-09) **BY: OLWR**