

240009-05

County: Harrison
 Permit #: MS64-16893
 Driller: Lyman Well
 Date drilling completed: 8/16/2012

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)

For Office Use Only:
 Aquifer: _____
 Well #: Ø408
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>City of Pass Christian</u>	Latitude: <u>30° 20' 24.16"</u> Longitude: <u>89° 12' 5.16"</u>
Mailing Address: <u>200 West Scenic Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Pass Christian MS 39571</u>	USGS quad, Hand-held GPS, Survey-grade GPS _____
City State Zip Code	<u>SE ¼ SE ¼ Sec 20</u> Twn <u>85</u> Rng <u>12W</u>
Telephone No. <u>(228) 452-3312</u>	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of _____

Well / Borehole Data

Date drilling started: 7/9/12 Date drilling completed: 8/16/12 Hole depth: 680 Hole diameter: 21

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: granular

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) _____

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: 28' feet above or below (circle one) land surface Date measured: 8/21/12

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

Well depth: 680 Well grouted to a depth of 600 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 600 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 80 feet Screen diameter: 8x10 inches Type of screen: munipack 304

Screen slot size: .012 inches Setting depth: From 600 feet to 680 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: 474 feet. *If telescoped or more than one screen, describe on next page*

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

RECEIVED
 AUG 21 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)

County: Harrison
 Permit #: MS GW-16893
 Driller: Lyman Well
 Date completed: 9/20/12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Ø 408
 Elevation: _____

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 Pass Christian</u>	Latitude: <u>30°20'24" N</u> Longitude: <u>89°12'15" W</u>
Mailing Address: <u>200 West Scenic Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Pass Christian MS 39571</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec <u>20</u> T <u>85</u> R <u>12W</u>
Telephone No. <u>(228) 452-3312</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

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>100</u>
Date Pump Installed: <u>9/20/12</u>	Setting Depth: <u>150</u> feet
Rated Pump Capacity: <u>900</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>28'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>67</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>39</u> Feet Below Land Surface	Well yielded <u>900</u> GPM with a drawdown of
Test Pumping Rate: <u>900</u> Gallons Per Minute	<u>39</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

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

RECEIVED
 Form: OLWR-SWR-1B (04/08)
 OCT 08 2012
BY: OLWR