

State Well Report

Part 1 - Driller's Log

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 #: Ø 409
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: _____
Driller: Lyman Well
Date drilling completed: 6/14/2012

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"</u> Longitude: <u>89° 12' 15"</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</u> ¼ <u>SE</u> ¼ Sec <u>20</u> Twn <u>8S</u> Rng <u>12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 452 3311</u>	_____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 6/12/12 Date drilling completed: 6/14/12 Hole depth: 680 Hole diameter: 7 7/8

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: _____

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

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: 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: 6/14/2012

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

Well depth: 680 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 640 feet Casing diameter: 4 inches Type of casing: DVC

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

Screen slot size: .008 inches Setting depth: From 640 feet to 680 feet

Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole Natural Development _____

Other (describe): _____

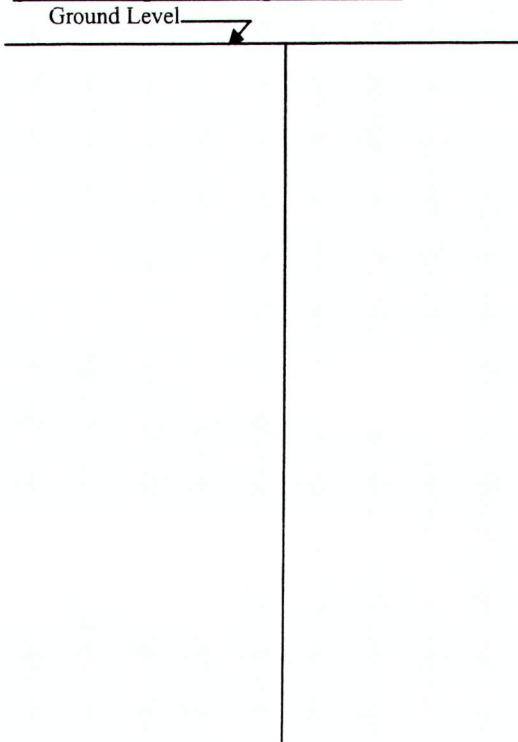
Top of lap pipe or reduction in casing: _____ feet. **If telescoped or more than one screen, describe on next page**

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JUN 21 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

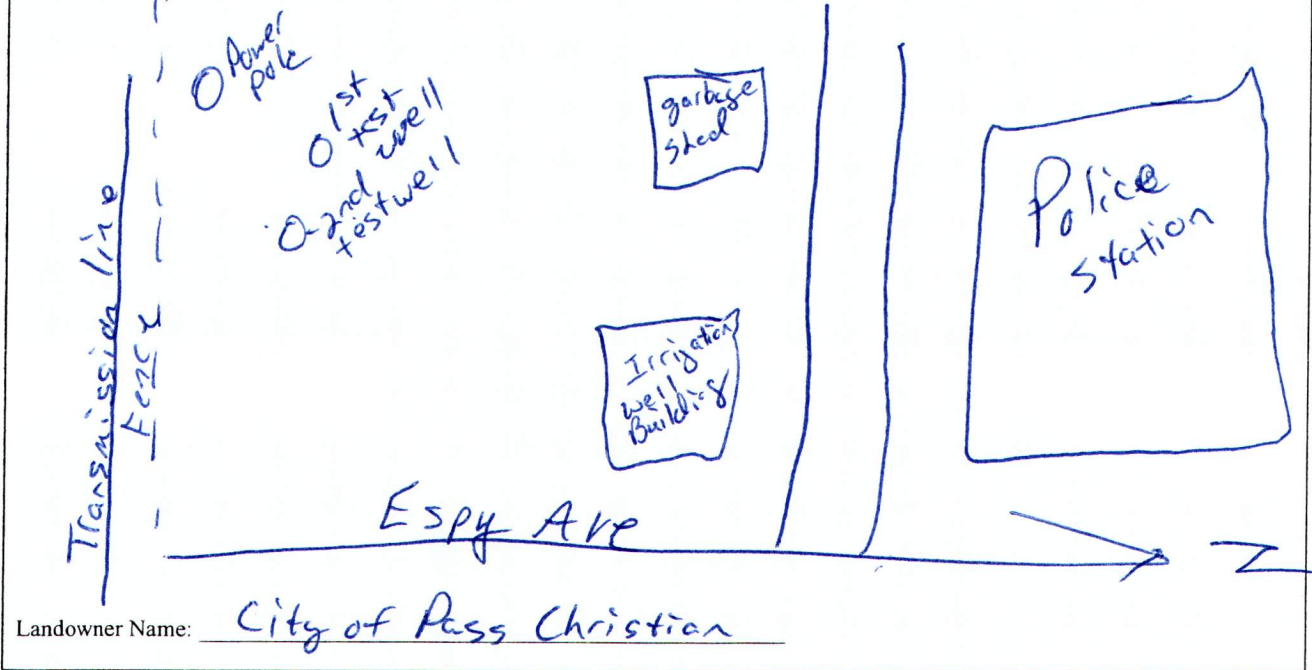
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
topsoil clay	Ground Level	60
sand	60	140
clay	140	220
sand	220	260
clay shale	260	600
sand	600	650

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.



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 O-640

Date 6/19/2012

Signature of Licensee *Josh Ledner*

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: Ø409
 Elevation: _____

County: Harrison
 Permit #: _____
 Driller: Lyman
 Date completed: 6/14/2012
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	Well 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 (check one): Conventional Survey _____, USGS quad _____, <u>Hand-held GPS</u> <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Pass Christian MS 39571</u>	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>20</u> T <u>8S</u> R <u>12W</u>
City State Zip Code	Distance _____ Miles Direction _____ of _____ Nearest Town _____
Telephone No: <u>(228) 452-3311</u>	

Pump Type	Power Type
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor <input type="checkbox"/> TO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>6/14/2012</u>	Setting Depth: <u>63</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
Date Well Tested: <u>6/14/2012</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>27</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>48</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>21</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of _____
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>21</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

This is for (circle one) New Well Replacement of Existing Pump Repair of Existing Pump

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

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