

# 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 #: N-888  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson 039  
Permit #: MS-6W-16149  
Driller: Lyman Well  
Date drilling completed: 03/21/05

*Lyman Well Company*

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>Westwick Utilities</u>	Latitude: <u>30° 26' 28"</u> Longitude: <u>38° 51' 50"</u>
Mailing Address: <u>240 Eisenhower Dr</u> <u>Suite 9 Biloxi</u> <u>Biloxi MS 39531</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS ____ ¼ ____ ¼ Sec <u>14</u> Twn <u>9S</u> Rng <u>9W</u>
Telephone No. <u>(228) 388-7880</u>	Distance _____ Miles _____ Direction _____ of _____ Nearest Town _____

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 3/01/05 Date well drilling completed: 3/21/05  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 46' feet above or below (circle one) land surface Date measured: 3/25/05  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 820' Well depth: 820' Well grouted to a depth of 724 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 724 feet Casing diameter: 12 inches Type of casing: Steel  
Screen length: 60 feet Screen diameter: 8 inches Type of screen: SS wrapped on rods  
Screen slot size: .010 inches Setting depth: From 760 feet to 820 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: 640 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 E-log file N-0888

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

Josh Waldner  
Signature of Water Well Contractor

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MAR 31 2005  
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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Jackson  
 Permit #: MS-GW-16149  
 Driller: Lyman Wells  
 Date completed: 3/21/05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: N-888  
 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>Northside Utility</u>	Latitude: <u>30° 26' 28"</u> Longitude: <u>38 5 50</u>
Mailing Address: <u>540 Eisenhower Dr</u> <u>Suite 9 Biloxi</u> <u>Biloxi MS 39531</u> City State Zip Code	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS 1/4 Sec. <u>14</u> Twn <u>7S</u> Rng <u>9W</u>
Telephone No. <u>(228) 348 7880</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <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>10</u>
Date Pump Installed: <u>3/21/05</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>46'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>96'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>50'</u> Feet Below Land Surface	Well yielded <u>400</u> GPM with a drawdown of <u>50</u> feet after _____ hours of pumping
Test Pumping Rate: <u>400</u> Gallons Per Minute	
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 Print Name of Pump Installer and License No. (If applicable)

Josh Ladner Signature of Pump Installer

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 SEP 20 2006  
 BY: OLWR