

State Well Report

Part I

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 #: Q-549
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Lyman Well
Date drilling completed: 5/15/08

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

Owner Name: Greg Williams
Mailing Address: 1000 N Halstead, STEC
Ocean Springs MS 39566
City State Zip Code
Telephone No. (228) 875-2582

Well Location

Latitude: 30° 21' 45" Longitude: 88° 43' 17"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
____ 1/4 ____ 1/4 Sec 7 Twn 85 Rng 7W
Distance Direction Nearest Town
____ Miles ____ of ____

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Test Well
Date well drilling started: 5/5/08 Date well drilling completed: 5/15/08
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 72' feet above or below (circle one) land surface Date measured: 5/15/08
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 1054' Well depth: 490' Well grouted to a depth of 15 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 460 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 4 inches Type of screen: SAW
Screen slot size: 1006 inches Setting depth: From 460 feet to 490 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 back of page

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

Name of organization running log(s): MOEQ

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

Josh Kalner
Signature of Water Well Contractor

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JUN 02 2008
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)

For Office Use Only:

Aquifer: _____
 Well #: Q-549
 Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Lyman Well
 Date completed: 5/15/08

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>Greg Williams</u>	Latitude: <u>302145</u> Longitude: <u>884317</u>
Mailing Address: <u>1000 N Halstead, STE C</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ocean Springs MS 39566</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>7</u> Twn <u>8S</u> Rng <u>7W</u>
Telephone No. <u>(228) 875-2582</u>	Distance Direction Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>5/12/08</u>	Setting Depth: <u>160</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 Circle one
Date Well Tested: <u>5/12/08</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>74</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>108.5</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>33</u> Feet Below Land Surface	Well yielded <u>75</u> GPM with a drawdown of <u>33</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>75</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) Signature of Pump Installer

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 JUN 02 2008
 BY: OLWR