

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 #: OF-67
L. S. Elevation: _____
E-log #: _____

County: Stone
Permit #: _____
Driller: Lynan Well
Date drilling completed: 11/5/08

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	Well Location
Owner Name: <u>Stone County Utility Authority</u>	Latitude: <u>30° 45' 30"</u> Longitude: <u>89° 08' 17"</u>
Mailing Address: <u>P.O. Box 1331</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Viggins</u> <u>MS</u> <u>39577</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW NW</u> <u>SW NW</u> 1/4 Sec. <u>30</u> Twn. <u>35</u> Rng. <u>12W</u>
Telephone No. <u>(601) 928 0080</u>	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: 11/1/08 Date well drilling completed: 11/5/08

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

Static Water Level: 136 feet above or below (circle one) land surface Date measured: 11/5/08

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

Hole depth: 1117 Well depth: 1100 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1040 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: S&W

Screen slot size: .008 inches Setting depth: From 1040 feet to 1100 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): MDEQ

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 Ladner 0-6411

Print Name of Water Well Contractor and License No.

Josh Ladner

Signature of Water Well Contractor

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NOV 17 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 #: F-67

Elevation: _____

County: Stone

Permit #: _____

Driller: Lynas Well

Date completed: 11/3/08

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

Owner Name: Stone County Utility Authority

Mailing Address: P.O. Box 1331

Wiggins MS 39577
City State Zip Code

Telephone No. (601) 928-0080

Well Location

Latitude: 30 45 30 Longitude: 89 08 17
45 51

Method of Lat/Long (circle one): Conventional Survey,

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

44 14 30 35 114
NE 26 12W
Distance Direction Nearest Town

_____ Miles _____ of _____

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 11/13/08

Rated Pump Capacity: 85 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 1/2

Setting Depth: 200 feet

Number of Stages: 10

Pump Test Data

Date Well Tested: 11/13/08

Static Water Level (A): 136 Feet Below Land Surface

Pumping Water Level (B): 152 Feet Below Land Surface

Drawdown [(B) - (A)]: 16 Feet Below Land Surface

Test Pumping Rate: 23 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 73 GPM with a drawdown of

16 feet after 25 hours of pumping

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

Josh Ladner - 6-64
Print Name of Pump Installer and License No. (if applicable)

Josh Ladner
Signature of Pump Installer

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BY: OLWR