

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)

County: Stone
Permit #: MSGW14600
Driller: lyman Well
Date drilling completed: 2/2/2010

For Office Use Only:
Aquifer: _____
Well #: K63
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Stone County Utility Authority</u> Mailing Address: <u>P.O. Box 1331</u> <u>Wiggins</u> <u>MS</u> <u>39577</u> City State Zip Code Telephone No. <u>(601) 928-0880</u>	Latitude: <u>30° 42' 34"</u> Longitude: <u>89° 10' 38"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>SW 1/4 SE 1/4 Sec 10</u> Twn <u>4S</u> Rng <u>15W</u> Distance Direction Nearest Town _____ Miles _____ of _____
Well / Borehole Data	
Date drilling started: <u>1/12/09</u> Date drilling completed: <u>2/2/2010</u> Hole depth: <u>1080</u> Hole diameter: <u>18"</u> Location of the source of any surface water used for drilling: <u>NA</u> Method of dosing and volume of Chlorine used in drilling and development: <u>Granulated</u> Logs run (circle all applicable): No log run <u>(Electric)</u> <u>(Gamma Ray)</u> Density Sonic Neutron Other: _____ Name of organization running log(s): <u>MDEQ</u> Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>97.5</u> feet above or below (circle one) land surface Date measured: <u>2/9/2010</u> Method of Measurement (circle one) steel tape <u>(electric tape)</u> air line other: _____ Well depth: <u>1080</u> Well grouted to a depth of <u>995</u> feet Type of grout (circle one): Neat Cement Bentonite <u>(Mix)</u> Casing length: <u>995</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>Steel</u> Screen length: <u>60</u> feet Screen diameter: <u>6x8</u> inches Type of screen: <u>Munipack</u> Screen slot size: <u>.012</u> inches Setting depth: From <u>1020</u> feet to <u>1080</u> feet Type of completion (circle all applicable): <u>(Gravel packed)</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: <u>904</u> feet. If telescoped or more than one screen, describe on next page	

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

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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)

County: Stone
 Permit #: MS 6W16600
 Driller: Lyman Well
 Date completed: 7/13/2010
Copy information from block on Part 1

For Office Use Only:

Aquifer: K
 Well #: _____
 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>Stone County Utility Authority</u>	Latitude: <u>30 42 34</u> Longitude: <u>89 10 38</u>
Mailing Address: <u>P.O. Box 1331</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Higgins MS 39577</u> City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>(601) 928 0880</u>	<u>SW 1/4 SE 1/4 Sec 10 T 4S R 12W</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>50</u>
Date Pump Installed: <u>7/13/2010</u>	Setting Depth: <u>150</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: <u>7/13/2010</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>97.5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>104</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	Well yielded <u>500</u> GPM with a drawdown of
Test Pumping Rate: <u>500</u> Gallons Per Minute	<u>7</u> feet after <u>4</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

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