

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 #: MSGW10595
Driller: Lyman Well Co.
Date drilling completed: 5/25/09

For Office Use Only:
Aquifer: _____
Well #: L43
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>	Latitude: <u>30° 42' 11"</u> Longitude: <u>89° 04' 02"</u>
Mailing Address: <u>P.O. Box 7331</u>	Method of Lat/Long (circle one): Conventional Survey, _____
City: <u>Wiggins</u> State: <u>MS</u> Zip Code: <u>39577</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/> <u>NW, NE, NW, NW</u> Sec <u>14</u> Twn <u>45</u> Rng <u>11W</u>
Telephone No. <u>(601) 928-8080</u>	Distance _____ Miles Direction _____ of Nearest Town _____

Well / Borehole Data

Date drilling started: 5/25/09 Date drilling completed: 7/27/09 Hole depth: 1100 Hole diameter: 16"

Location of the source of any surface water used for drilling: NA

Method of dosing and volume of Chlorine used in drilling and development: NA

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

Name of organization running log(s): MAEQ

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: _____

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

Static Water Level: 151' feet above or below (circle one) land surface Date measured: 7/25/09

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

Well depth: 1100 Well grouted to a depth of 1040 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1040 feet Casing diameter: 16" inches Type of casing: Steel

Screen length: 60 feet Screen diameter: 8x10 inches Type of screen: multi pack

Screen slot size: .012 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: 920 feet. *If telescoped or more than one screen, describe on next page*

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

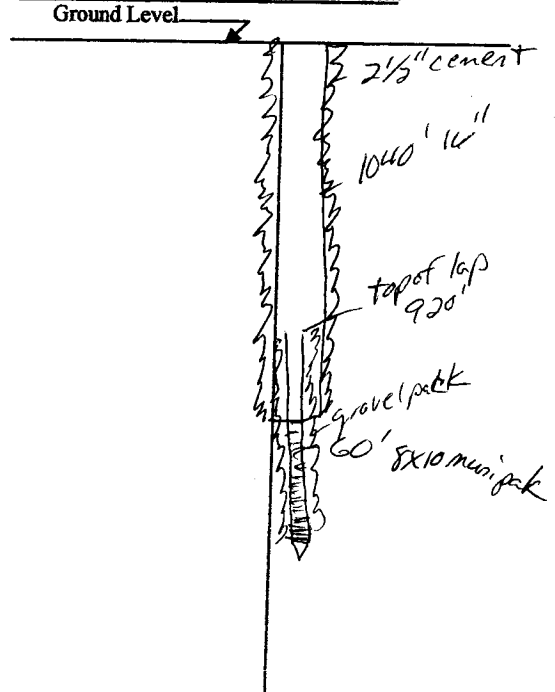
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JUL 28 2009

BY: OLWR

The sketch below only required for water wells

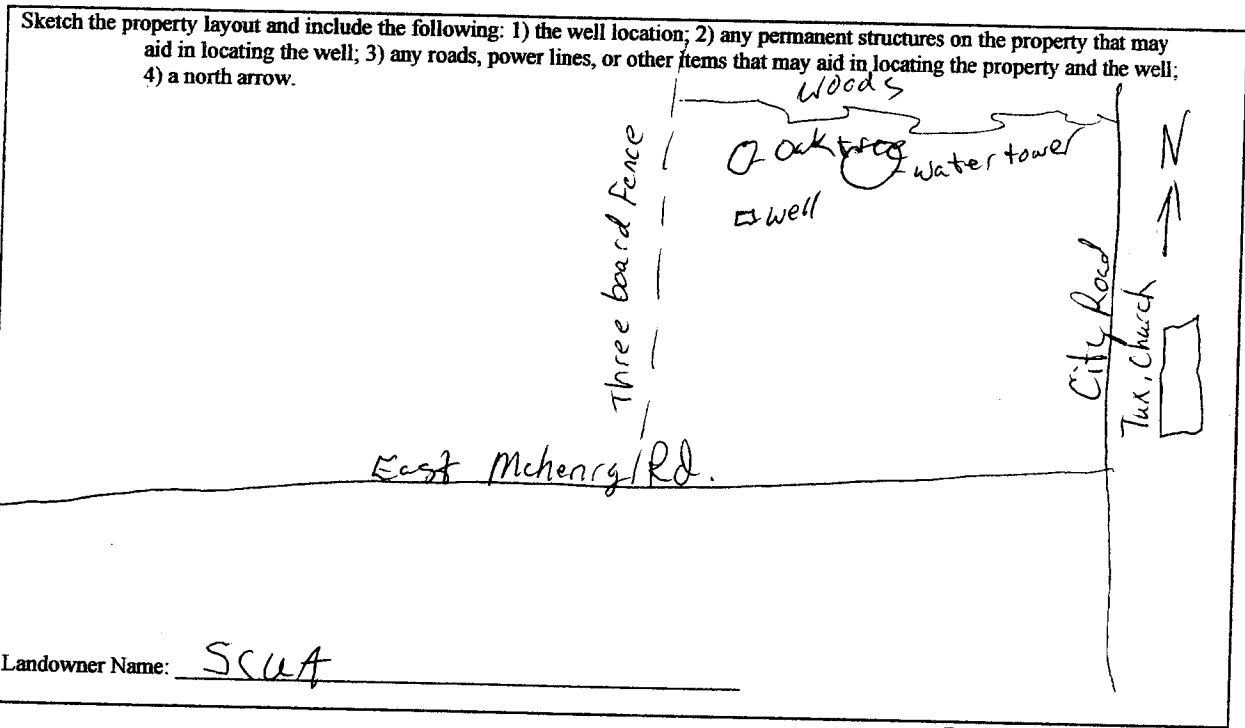
If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
top soil sand	Ground Level	60
clay	60	160
coarse sand	160	300
clay	300	400
sand	400	500
clay	500	630
sand	630	670
clay	670	840
sand	840	908
clay	908	1040
sand + gravel	1040	1100

If more than one screen, show location of each on sketch



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.

Josh Ladner 0-640 7/27/09
 Print Name of Responsible Licensee and License No. Date

Josh Ladner
 Signature of Licensee

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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 #: MS6W16595
 Driller: Lynan
 Date completed: 7/20/2010
Copy information from block on Part 1

For Office Use Only:

Aquifer: L
 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 11</u> Longitude: <u>89 04 02</u>
Mailing Address: <u>P.O. Box 7331</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Wiggins</u> <u>MS</u> <u>39577</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(601) 928 0080</u>	<u>NW NE NW</u> Sec <u>14</u> T <u>4S</u> R <u>11W</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>75</u>
Date Pump Installed: <u>7/20/2010</u>	Setting Depth: <u>240</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/20/2010</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>151</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>166</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>200</u> GPM with a drawdown of
Test Pumping Rate: <u>700</u> Gallons Per Minute	<u>15</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 Lachner 0-640 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SW-44

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