

03/14/2008 14:04 FAX 228 832 8883

LENTZ WELL DRILLING INC

003

County: Hancock
 Permit #: _____
 Driller: Garry Lentz
 Date drilling completed: 12-29-07

State Well Report
Part 1 - Driller's Log
 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 #: M-97
 L. S. Elevation: _____
 I-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) Owner Name: <u>Bay Homes</u> Mailing Address: <u>P.O. Box 3866</u> <u>Bay St. Louis MS 39521</u> City State Zip Code Telephone No. <u>228 229-0242</u>		Well or Borehole Location Latitude: <u>30° 16' 646"</u> Longitude: <u>89° 26' 976"</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey USGS quad: <u>Sw 1/4 NE 1/4 Sec 12 Twn 9S Rng 15W</u> Distance Direction Nearest Town <u>6 Miles W of Waveland MS</u>	
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Well / Borehole Data
 Date drilling started: 12-21-07 Date drilling completed: 12-29-07 Hole depth: 308 Hole diameter: 5.75"
 Location of the source of any surface water used for drilling: Waveland City water
 Method of dosing and volume of Chlorine used in drilling and development: _____
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____
 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: 10 feet above or below (circle one) land surface Date measured: 12-29-07
 Method of Measurement (circle one): steel tape electric tape air line other: _____
 Well depth: 304 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 304 feet Casing diameter: 2 inches Type of casing: PVC
 Screen length: 284 feet Screen diameter: 2 inches Type of screen: PVC
 Screen slot size: 6 inches Setting depth: From 284 feet to 304 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 next page*

03/14/2008 14:03 FAX 228 832 8883

LENTZ WELL DRILLING INC

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

County: Hancock
 Permit #: _____
 Driller: Garry Lentz
 Date completed: 1-10-08
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: M-97
 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>Bay Homes</u>	Latitude: <u>30 16 16</u> Longitude: <u>089 26 974</u>
Mailing Address: <u>P.O. Box 3866</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bay St. Louis MS 39521</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>228 224 0242</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>W</u> of <u>Waveland MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>1-10-08</u>	Setting Depth: <u>25 ft</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-10-08</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): <u>N/A</u>
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>25</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12</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.

Garry Lentz 0794
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer