

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)

County: Harrison
Permit #: MS-6W-15568
Driller: Lynar Well
Date drilling completed: 9/05/06

For Office Use Only:
Aquifer: _____
Well #: C-368
L. S. Elevation: _____
E-log #: _____

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>Tradition Properties Inc.</u>	Latitude: <u>30° 34' 27" N</u> Longitude: <u>89° 03' 03" W</u>
Mailing Address: <u>17500 village ave. east</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Biloxi</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Biloxi</u> <u>MS</u> <u>39532</u>	<u>NW 1/4 NW 1/4</u> Sec <u>25</u> Twn <u>55</u> Rng <u>11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 396-9622</u>	_____ Miles _____ of _____

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 8/02/06 Date well drilling completed: 9/05/06

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

Static Water Level: 113' feet above or below (circle one) land surface Date measured: 9/05/06

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

Hole depth: 1335 Well depth: 1333 Well grouted to a depth of 1245' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1245 feet Casing diameter: 16 inches Type of casing: steel

Screen length: 80 feet Screen diameter: 10 inches Type of screen: rod base

Screen slot size: .016 inches Setting depth: From 1333 feet to 1253 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: 1133 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 Ledner 0-640
Print Name of Water Well Contractor and License No.

Josh Ledner RECEIVED
Signature of Water Well Contractor
SEP 14 2006

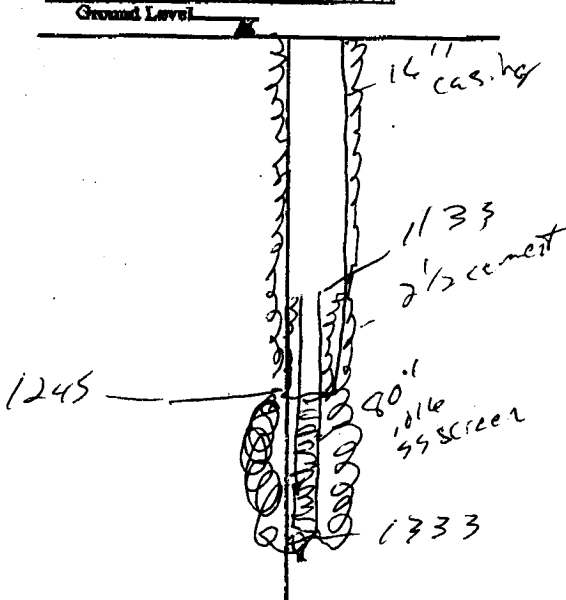
BY: OLWR

C-368

The sketch below only required for water wells

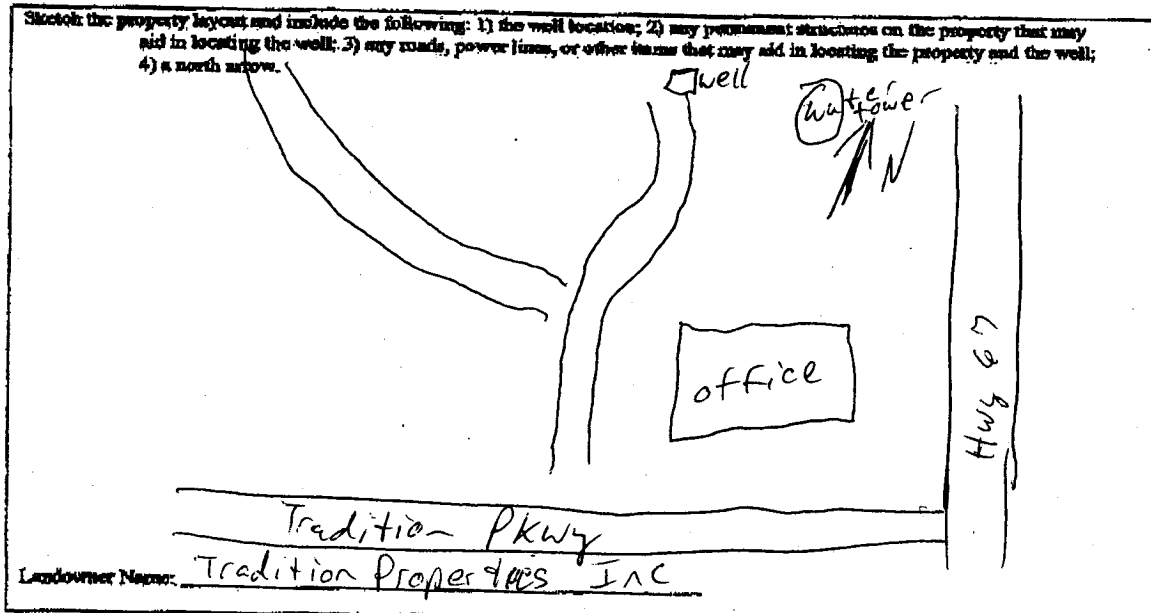
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well intersects, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
red sand	Ground Level	160
blue clay	160	260
sand	260	315
blue clay	315	385
sand	385	470
blue clay	470	1230
sand	1230	1333

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



Form OLWR-SWR-1A

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

Name: Cash Hadner 0-640 Date: 9/13/06

Cash Hadner
Signature of Licensee

Print Name of Responsible Licensee and License No.

Signature of Licensee

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BY: OLWFH

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: Harrison
Permit #: MS-6W-15699 ¹⁵⁵⁶⁸
Driller: Lynar Well
Date completed: 9/05/06

For Office Use Only:
Aquifer: _____
Well #: C-368
Elevation: _____

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>Tradition Properties Inc.</u>	Latitude: <u>303427 N</u> Longitude: <u>890303 W</u>
Mailing Address: <u>12500 village ave. east</u>	Method of Lat/Long (circle one): <u>26</u> Conventional Survey, <u>CC</u>
<u>Biloxi</u> <u>MS</u> <u>39532</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 25 Twn 5S Rng 11W</u>
Telephone No. <u>(228) 396-9622</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>100</u>
Date Pump Installed: <u>9/12/06</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>1100</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/05/06</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>113</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>151</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>38</u> Feet Below Land Surface	Well yielded <u>1600</u> GPM with a drawdown of
Test Pumping Rate: <u>1600</u> Gallons Per Minute	<u>38</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</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) Josh Ladner
Signature of Pump Installer

RECEIVED
SEP 14 2006
BY: OLWR