

County: HARRISON

Permit #: MS-6W-16184

Driller: LAYNE-CENTRAL

Date Drilling Completed: 5/11/05

Well Driller Report and Well 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 #: D-69

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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>BEAU RIVAGE GOLF COURSE</u>	Latitude: <u>30° 38' ²⁵ 38 ³⁸ 56" Longitude: <u>88° 54' ²¹ 37 37" ²¹</u></u>
Mailing Address: <u>244000 HIGHWAY 15 NORTH</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SAUCIER MS 39574</u> City State Zip Code	USGS quad, <u>Hand-Held GPS</u> , Survey-grade GPS
Telephone No. <u>(228) 374-6011</u>	<u>S</u> W ¹ / ₄ <u>NE</u> ¹ / ₄ Sec <u>5</u> Twn <u>5S</u> Rng <u>9W</u>
	Distance <u>15</u> Miles Direction <u>NORTH</u> of Nearest Town <u>D'IBERVILLE</u>

Well Data

Purpose of Well (Check one): Home ___ Industrial ___ Public Supply ___ Irrigation Fish Culture ___ Other: ___

Date well drilling started: 4/20/05 Date well drilling completed: 5/11/05

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

Static Water Level: 63 feet above or below (circle one) land surface Date Measured: 5/20/05

Method of Measurement (circle one) steel tape electric tape air line Other: ___

Hole depth: 433' Well depth: 433' Well grouted to a depth of: 390 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 390 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 40 feet Screen diameter: 8 inches Type of screen: 304 STAINLESS STEEL

Screen slot size: 0.020 inches Setting depth: From 390 feet to 430 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: 390 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): LAYNE-CENTRAL, JACKSON, MS

I certify that the well was drilled, constructed and completed in accordance with applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations and State laws.

DAVE COOK 692
 Print Name of Water Well Contractor and License No.


 Signature of Water Well Contractor

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 JUN 20 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:

County: HARRISON
 Permit #: _____
 Driller: LAYNE-CENTRAL
 Date Completed: 11/10/05

Aquifer: _____
 Well #: D-69
 Elevation: _____

This part of the report must be completed by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>BEAU RIVAGE GOLF COURSE</u>	Latitude: <u>30</u> ° <u>38</u> ' <u>556</u> " Longitude: <u>88</u> ° <u>54</u> ' <u>370</u> "
Mailing Address: <u>244000 HIGHWAY 15 NORTH</u>	Method of Lat/Long (check one): <u>33</u> Conventional Survey <u>22</u>
<u>SAUCIER</u> MS <u>39574</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>1/4</u> NE <u>1/4</u> Sec <u>5</u> T <u>5S</u> R <u>9W</u>
Telephone No. (<u>228</u>) <u>374-6011</u>	Distance Direction Nearest Town
	<u>15</u> Miles <u>NORTH</u> of <u>D'IBERVILLE</u>

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Pump Type	Power Type
Circle One	Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>5/17/05</u>	Setting Depth: <u>205</u> feet
Rated Pump Capacity <u>500</u> Gallons Per Minute	Number of Stages: <u>5</u>

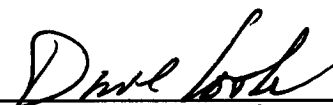
Pump Test Data	Method of Measuring Water Level
	Circle One
Date Well Tested: <u>11/10/05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>11</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>54</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>528</u> Gallons Per Minute	_____ feet after _____ 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.

DAVE COOK

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



Signature of Pump Installer