

[Signature]

County: HAMSON OK
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 4/22/06

State Well Report
Part I - 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: OK
 Well #: 077
 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>Louis Loncrey Toncrey</u>	Latitude: <u>30.39.39"</u> Longitude: <u>88.55.22"</u>
Mailing Address: <u>5415 Morraine Ln</u> <u>Brandon Lane</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Socastee, MS</u> City State Zip Code	<u>20 31 45</u> Rng <u>9W</u>
Telephone No. () _____	Distance <u>25</u> Miles Direction <u>N</u> of Nearest Town <u>Osborneville</u>

Well / Borehole Data

Date drilling started: 4/22/06 Date drilling completed: 4/22/06 Hole depth: 660 Hole diameter: 5

Location of the source of any surface water used for drilling: 5 in

Method of dosing and volume of Chlorine used in drilling and development: 1/2 lb per 1000 gal 59% chlorine

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

Name of organization running log(s): N/A

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 N/A Other (describe) _____

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 4/22/06

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

Well depth: 660 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 650 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 650 feet to 660 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: N/A feet *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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D-71

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level _____

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)
	Ground Level	
Top Soil	0	3
Hard Red Clay	3	15
Coarse white sand	15	25
Coarse sand	35	55
Hard Red Clay	55	85
White sand	85	100
Soft Blue Clay	100	200
Fine water sand	200	220
Soft Blue Clay	220	400
Fine water sand	400	430
Hard Blue Clay	430	600
Fine water sand	600	630
Coarse water sand	630	660

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: Louis Torrey

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 laws.

Dwight Mason 0-009 4/22/06

Dwight Mason RECEIVED

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

MAY 22 2006

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)

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 4/22/06
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: D-71
 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>Louis Langrey</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>546th</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Saucier, MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4</u> Sec. <u>28</u> T. <u>4S</u> R. <u>9W</u>
Telephone No. () _____	Distance _____ Direction <u>31</u> Nearest Town _____
	<u>25</u> Miles <u>N</u> of <u>O'Berenville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" 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>2</u>
Date Pump Installed: <u>4/22/06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>11</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/22/06</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B)-(A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>11</u> GPM with a drawdown of _____
Test Pumping Rate: <u>11</u> Gallons Per Minute	<u>0</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.

Dwight Mason 0-209
 Print Name of Pump Installer and License No. (if applicable)

Dwight Mason
 Signature of Pump Installer

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 Form: OLWR-SWR-1B
 MAY 22 2006
 BY: OLWR