

Harrison

County: Stone
 Permit #: 209 N/A
 Driller: D. Mason
 Date drilling completed: 7/21/06

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 #: 792
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Beau Rivage Golf Course</u>	Latitude: <u>30 39 . 43</u> Longitude: <u>88 53 . 38</u>
Mailing Address: <u>Field House #2</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Water Well SWP 3</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>2440 Hwy 15</u>	<u>NE 1/4 NW 1/4 Sec 21 Twn 4S Rng 9W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: <u>33</u> Nearest Town: _____
Telephone No. <u>Sawyer, MS 39574</u>	<u>20</u> Miles <u>North</u> of <u>070erville</u>
<u>601818 0010/228)374 0394</u>	
Well / Borehole Data	
Date drilling started: <u>7/20/06</u> Date drilling completed: <u>7/21/06</u> Hole depth: <u>210'</u> Hole diameter: <u>5"</u>	
Location of the source of any surface water used for drilling: <u>Shop</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1/2 lb per 1000 gal. 89%ochlorine</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): <u>N/A</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>Golf Course</u>	
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>60</u> feet above or below (circle one) land surface Date measured: <u>7/21/06</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>Plumb bob</u>	
Well depth: <u>210</u> Well grouted to a depth of _____ feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>190</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>Stainless Steel</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>Stainless Steel</u>	
Screen slot size: <u>.008</u> inches Setting depth: From <u>190</u> feet to <u>210</u> feet	
Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ <input checked="" type="checkbox"/> Natural Development _____	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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 borsholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	

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: _____

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 0-909 8-5-07

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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: Stone
 Permit #: 0-209
 Driller: D Mason
 Date completed: 7/21/06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 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>Beau Rivage Golf Course</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Field House #3</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Water Well SWP3</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>2400 Hwy 15</u>	_____ 1/4 _____ 1/4 Sec <u>21</u> T <u>48</u> R <u>9W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>Sawyer, MS 39574</u>	<u>20</u> Miles <u>North</u> of <u>Dilberville</u>
<u>601/818-0070/338/374 0297</u>	

WG Yates/Son Construction 115 Main St. Box 1, US 39530

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>7/21/06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/21/06</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>60</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>15</u> GPM with a drawdown of _____
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>0</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Dwight Mason 0209 x Dwight Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer