

County: HARRISON
 Permit #: ~~2259~~ N/A
 Driller: D. Mason
 Date drilling completed: 3/6/00

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: _____
 Well #: D93
 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.

W.C. Yates/Son Construction 115 Main St Rt. 10, Ox. MS 39080

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</u> Longitude: <u>88.54.19</u>
Mailing Address: <u>Maintenance Bldg SWP2</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>20400 Hwy 15</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sauvies MS 39574</u>	<u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>21</u> Twn <u>4S</u> Rng <u>9W</u>
City State Zip Code	Distance <u>5</u> Direction <u>S</u> Nearest Town <u>SS</u>
Telephone No. <u>(601)818 0010/330 374 0394</u>	<u>20</u> Miles <u>North</u> of <u>Diberville</u>

Well / Borehole Data

Date drilling started: 2/25/00 Date drilling completed: 2/28/00 Hole depth: 4.75 Hole diameter: 4 1/2"

Location of the source of any surface water used for drilling: Shop

Method of dosing and volume of Chlorine used in drilling and development: 12 lb. per 100 gal 37% chlorine

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

Name of organization running logs: _____

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: Golf Course

If a flowing well, method of flow regulation: Valve N/A Other (describe) _____

Static Water Level: 165 feet above or below (circle one) land surface Date measured: 3/6/00

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

Well depth: 4.75 Well grouted to a depth of 4.45 feet Type of grout (circle one): neat cement Bentonite Mix

Casing length: 4.45 feet Casing diameter: 4 x 2 inches Type of casing: Stainless Steel

Screen length: 30 feet Screen diameter: 4 x 2 inches Type of screen: Stainless Steel

Screen slot size: .008 inches Setting depth: From 4.45 feet to 4.75 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: 63 feet. *If telescoped or more than one screen, describe on next page*

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: D. Mason
 Date completed: 3/01/06
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>Maintenance Bldg SWP</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>24400 Hwy 15</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Sauvies MS 39574</u>	<u>SW 1/4 NE 1/4 Sec 21 T 48 R 9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601)818 0070/228 54 0294</u>	<u>20 Miles North of D'Iberville</u>

15 Main St. Biloxi, MS 39530
 W.G. Yates Sen Construction

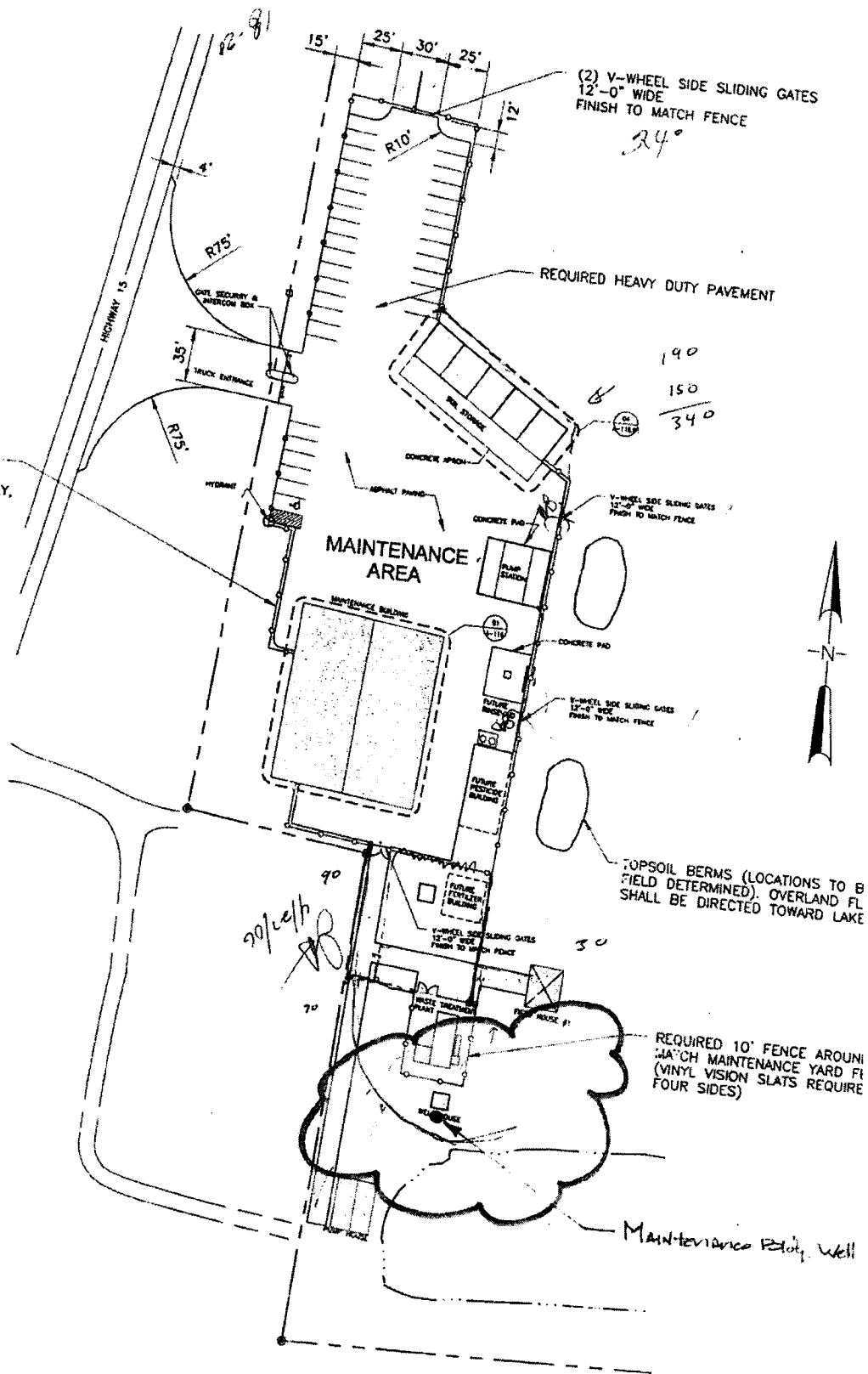
Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input checked="" type="radio"/> Electric Motor	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7.5</u>
Date Pump Installed: <u>3/01/2006</u>	Setting Depth: <u>231</u> feet
Rated Pump Capacity: <u>80</u> Gallons Per Minute	Number of Stages: <u>24</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/14/2006</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>165</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>105</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>80</u> GPM with a drawdown of
Test Pumping Rate: <u>80</u> Gallons Per Minute	<u>0</u> feet after <u>1</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 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

CHAIN LINK FENCE
VINYL VISION SLATS
ON NORTH AND WEST SIDES ONLY.
GRADE CONTINUOUSLY.



MAINTENANCE AREA PAVING
SCALE: 1"=60'



**Mississippi Department of Health
Public Health Laboratory**

K. Mills McNeill, MD, PhD - Laboratory Director
Jim Horne, MPH, CIH - Laboratory Manager
570 East Woodrow Wilson
Jackson, MS 39216
Phone: 601-576-7582

RECEIVED

MAR 22 2007

DOCUMENT CONTROL

Name: HARRISON/BILOXI CLINIC

Reporting Address:

Owner: FALLEN OAK GOLF CLUB

761 ESTERS BLVD
BILOXI, MS 39533

Phone:

LSN B06045916 (54578)

Drinking Water

Reason for Test Private Submitter
Date / Time Collected 9/14/2006 @2:30 PM
Collected By A. FELSHER
Chlorine Free
Chlorine Total
Comment

Date Received: 9/15/2006 7:28:50AM
Site Code:
Collection Site Address
24400 HWY 15

Analysis

Results

Presence - Absence (SM9223)

Total Coliform Absent < 1/100 ml