

County: Harrison  
 Permit #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 12/6/06

**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 #: E-168  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i>          Owner Name: <u>Cecil E. Barzik</u>          Mailing Address: <u>Rd 429</u>  <u>Sauvier MS 39574</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b>          Latitude: _____ Longitude: _____          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS          _____<sup>1</sup>/<sub>4</sub> _____<sup>1</sup>/<sub>4</sub> Sec <u>1</u> Twn <u>6 S</u> Rng <u>13 W</u>          Distance _____ Miles Direction _____ of _____  <u>11</u> _____ <u>N</u> of <u>Pass Christian</u></p>
<p><b>Well / Borehole Data</b>          Date drilling started: <u>12/5/06</u> Date drilling completed: <u>12/6/06</u> Hole depth: <u>285'</u> Hole diameter: <u>5"</u>          Location of the source of any surface water used for drilling: <u>Shop</u>          Method of casing and volume of Chlorine used in drilling and development: <u>1/2 lb per 1000 gal 39% chlorine</u>          Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" 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 <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____          If a flowing well, method of flow regulation: Valve _____ <u>N/A</u> Other (describe) _____          Static Water Level: <u>125</u> feet above or below (circle one) land surface Date measured: <u>12/6/06</u>          Method of Measurement (circle one) steel tape _____ electric tape _____ air line _____ other: <u>plumb bob</u>          Well depth: <u>285'</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one): <u>Best Cement</u> Bentonite _____ Mix _____          Casing length: <u>275</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>          Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>          Screen slot size: <u>.006</u> inches Setting depth: From <u>275</u> feet to <u>285</u> feet          Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telecased _____ Open hole <u>Natural Development</u>          Other (describe): _____          Top of lap pipe or reduction in casing: <u>N/A</u> feet. <i>If telecased or more than one screen, describe on next page</i></p>	

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E-168

*The sketch below only required for water wells.*

*If well telecones, 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
Red Sandy Clay	3	25
Soft Blue Clay	25	225
Hard Blue Clay	225	250
Coarse H, D Sand	250	285

*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: Cecil E. Barzik

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.

Print Name of Responsible Licensor and License No. Dwight Mason 0-009 Date \_\_\_\_\_

Signature of Licensee Dwight Mason

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# 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: 12/6/06  
*Case information from check on Part 1*

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: E-168  
 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.*

<b>Well Owner Information</b> Owner Name: <u>Cecil E. Barzik</u> Mailing Address: <u>Rd 429</u> <u>Sawier MS 39574</u> City State Zip Code Telephone No. ( ) _____		<b>Well Location</b> Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>1 T 65 R 13W</u> Distance Direction Nearest Town <u>11</u> Miles <u>N</u> of <u>Pass Christian</u>	
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<b>Pump Type</b> Circle one Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>12/06/06</u> Rated Pump Capacity: <u>3</u> Gallons Per Minute	<b>Power Type</b> Circle one Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>2</u> Setting Depth: <u>140</u> feet Number of Stages: <u>9</u>
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<b>Pump Test Data</b> Date Well Tested: <u>12/6/06</u> Static Water Level (A): <u>125</u> Feet Below Land Surface Pumping Water Level (B): <u>125</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface Test Pumping Rate: <u>3</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<b>Method of Measuring Water Level</b> Circle one Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): <u>Plumb bob</u> For flowing well, measured shut in head: <u>N/A</u> feet Well yielded <u>3</u> GPM with a drawdown of <u>0</u> feet after <u>4</u> hours of pumping
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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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