

**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)

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 12/11/06

For Office Use Only:

Aquifer: _____
 Well #: E-169
 L. S. Elevation: _____
 B-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>Sam Moore</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>12437 Sunset Bay Sundance Pass Christian, MS 39571</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ N. _____ S. _____ E. _____ W.
Telephone No. () _____	Distance _____ Miles Direction _____ of _____

Well / Borehole Data

Date drilling started: 12/10/06 Date drilling completed: 12/11/06 Hole depth: 420' Hole diameter: 4x2"

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

Method of dosing and volume of Chlorine used in drilling and development: 1/2 lb per 1000 gal 89% 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 driller 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: 105 feet above or below (circle one) land surface Date measured: 12/11/06

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

Well depth: 420 Well grouted to a depth of 15 feet Type of grout (circle one): Best Cement Bentonite Mix

Casing length: 410 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4x2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 410 feet to 420 feet

Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole Natural Development

Other (describe): _____

Top of tap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

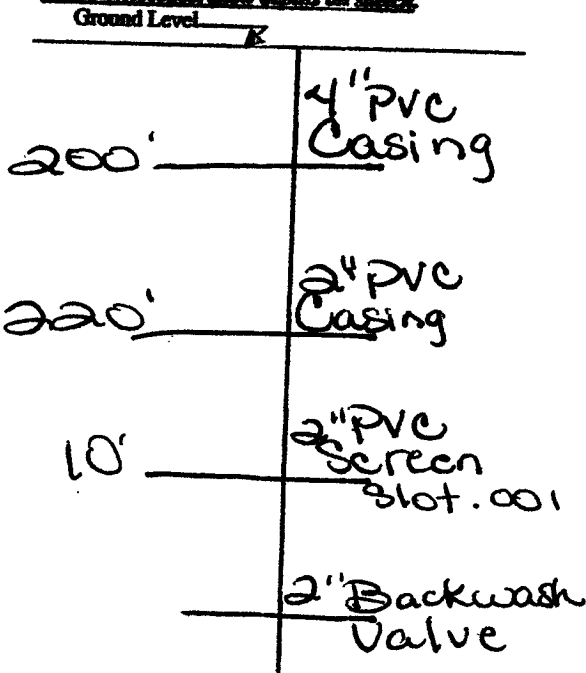
Form: OLWR-SWR-1A

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E-169

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

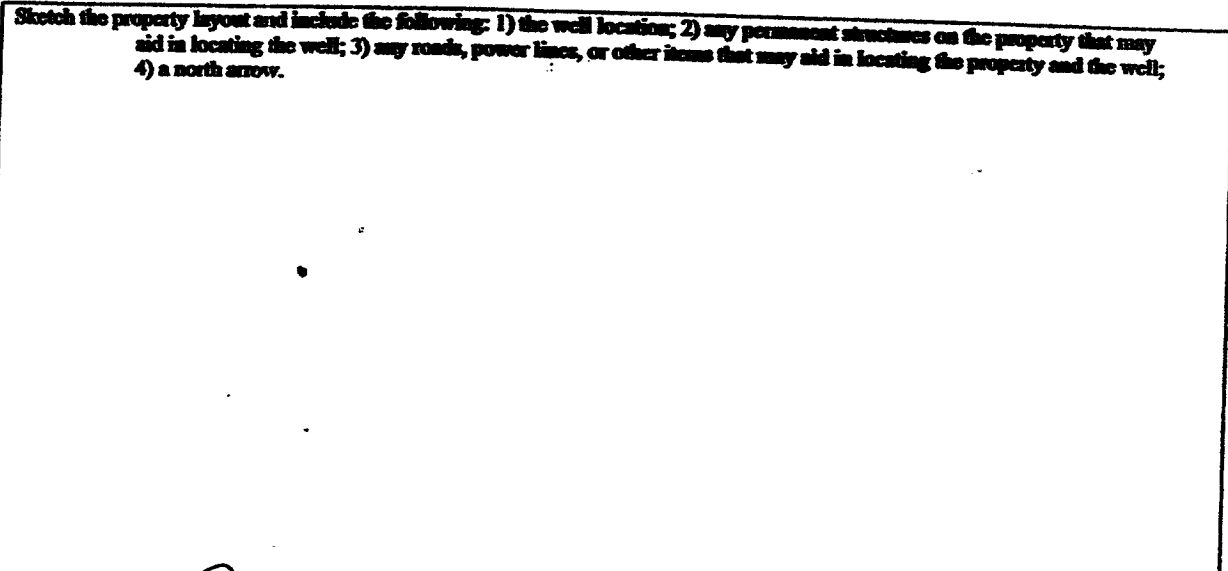


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Top Soil	0	3
Red Sandy clay	3	45
Sugar Sand	45	60
Soft Blue clay	60	220
Fine H ₂ O sand	220	235
Hard Blue clay	235	395
Good H ₂ O sand	395	420

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: Sam Moore

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.

Print Name of Responsible Licensee and License No. Dwight Mason 0-009 Date

Dwight Mason
Signature of Licensee

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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: 12/11/06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: E-169
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>Sam Moore</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1245 Sunset Bay</u> <u>Sundance</u> <u>Pass Christian MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City: _____ State: _____ Zip Code: <u>39571</u>	_____ N _____ S _____ E _____ W <u>23 28 R 13W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>14</u> Miles <u>N</u> of <u>Pass Christian</u>

Pump Type Circle one:	Power Type 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>2</u>
Date Pump Installed: <u>12/11/06</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>28</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one:
Date Well Tested: <u>12/11/06</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>105</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>28</u> GPM with a drawdown of _____
Test Pumping Rate: <u>28</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) Signature of Pump Installer

Form: OLWR-SWR-1B

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