

Coastal Drilling & Service Co.

State Well Report

Part 1

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 #: F-453
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: _____
Driller: Ronnie Mason
Date drilling completed: 7/28/04

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Charles T. Moran</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>14594 Pelican</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Gulfport, MS</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>15</u> Twn <u>6-S</u> Rng <u>12-W</u>
Telephone No: <u>228, 832-7336 39532</u>	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>N</u> of <u>Wyan</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 7/28/04 Date well drilling completed: 7/28/04

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 7/29/04

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

Hole depth: 620 Well depth: 620 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 610 feet Casing diameter: 4x2 inches Type of casing: P.VIC.

Screen length: 10 feet Screen diameter: 2" inches Type of screen: P.VIC.

Screen slot size: 1006 inches Setting depth: From 610 feet to 620 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: _____ feet. If telescoped or more than one screen, describe on back of page

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

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Dwight Red Mason 0-209
Print Name of Water Well Contractor and License No.

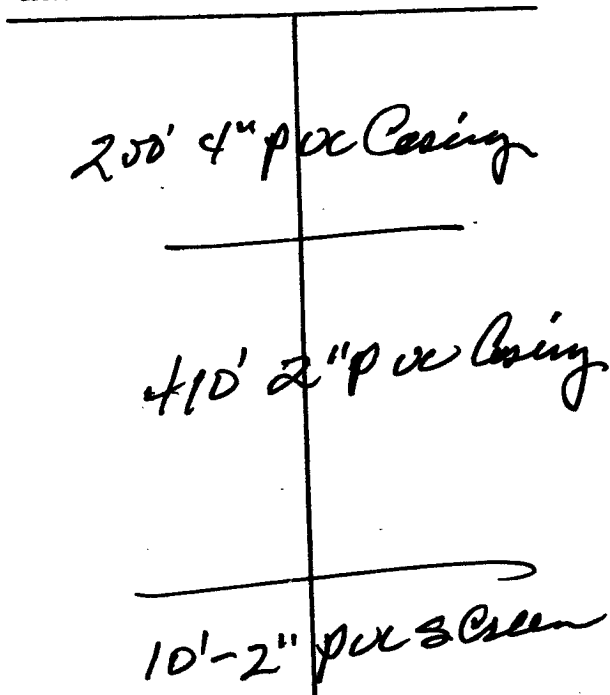
[Signature]
Signature of Water Well Contractor

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F-453

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Top Soil	1	5
Red Clay	5	15
White Sand	15	40
Gold Blue Clay	40	200
fine water sand	200	290
hard blue clay	290	400
fine water sand	400	420
hard blue clay	420	440
fine water sand	520	570
course water sand	570	620

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) indicate direction.

Well located in back of new home.
 Palimino Dr. off Hwy 15 N
 3 miles W of Lyman

Landowner Name: Charles T. Moran

Doug Moran
 Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer: _____

Well #: F-453

Elevation: _____

County: Harrison
 Permit #: _____
 Driller: Ronnie Mason
 Date completed: 7-28-04

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Charles T Moran</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>14594 Pelican</u> <u>Beaufort</u> <u>MS 39532</u>	Method of Lat/Long (circle one): Conventional Survey,
City: _____ State: _____ Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No: <u>238-832-7336</u>	_____ 1/4 _____ 1/4 Sec. <u>15</u> Twn <u>65</u> Rng <u>12-0</u>
	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>7-29-04</u>	Setting Depth: <u>110</u> feet
Rated Pump Capacity: <u>13</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-29-04</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>105</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>110</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>115</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>13</u> Gallons Per Minute	
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.

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

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