

Mar 04 05 04:03p

Coastal Drilling

2283925031

P. 2

State Well Report

Part I

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-460
L. S. Elevation: _____
E-log #: _____

County: Harrison 249
Permit #: _____
Driller: R. Mason
Date drilling completed: 2-21-05

Mason Water Wells, LLC

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>Mary S. Ladner</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>15255 Hamilton</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>Sulphur</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: <u>MS</u> Zip Code: <u>39503</u>	<u>1/4</u> <u>1/4</u> Sec. <u>18</u> Twp. <u>6S</u> Rng. <u>12W</u>
Telephone No. () _____	Distance _____ Miles Direction _____ Nearest Town _____ of <u>Bayou</u>

Well Data

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

Date well drilling started: 2/21/05 Date well drilling completed: _____

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 2/21/05

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

Hole depth: 140 Well depth: 130 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PC

Screen slot size: .006 inches Setting depth: From 130 feet to 140 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: _____ 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): _____

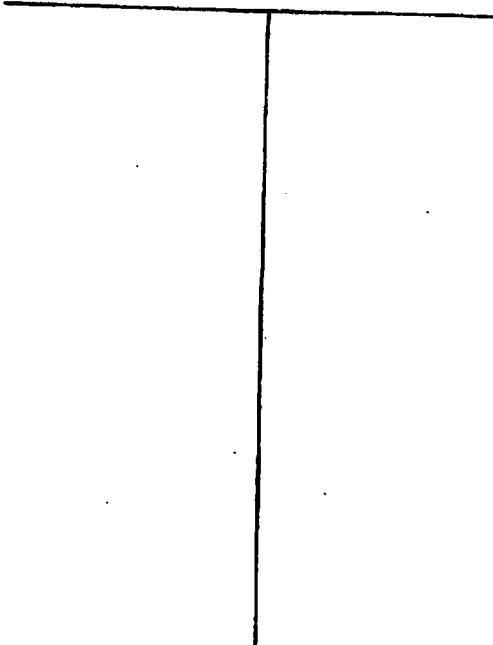
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Dwight Mason
Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor

F-460

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
topsoil	1	7
clay	7	40
med clay	40	60
hard clay	60	90
fine sand	90	130
lense	130	140

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.

Landowner Name: Mary Radner

Signature of Water Well Contractor

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-460
Elevation: _____

County: Harrison
Permit #: _____
Driller: R. Mason
Date completed: 2-21-05

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>Nancy Goodwin</u>		Latitude: _____	Longitude: _____
Mailing Address: <u>15255 Hamilton</u>		Method of Lat/Long (circle one): Conventional Survey,	
<u>Sulphur</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
<u>MS 39503</u>		_____ 1/4 _____ 1/4 Sec. <u>18</u> Twn <u>65</u> Rng <u>20W</u>	
City State Zip Code		Distance _____	Direction _____
Telephone No. (____) _____		Nearest Town _____	
		_____ Miles _____ of <u>Myra</u>	

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>2</u>		
Date Pump Installed: <u>2-22-05</u>			Setting Depth: <u>90</u> feet		
Rated Pump Capacity: <u>20</u> Gallons Per Minute			Number of Stages: <u>13</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>2-22-05</u>		Air Line	Electric Measuring Line
Static Water Level (A): <u>80</u> Feet Below Land Surface		Steel Tape	
Pumping Water Level (B): <u>90</u> Feet Below Land Surface		Other (specify): <u>Plumbob</u>	
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface		For flowing well, measured shut in head: _____ feet	
Test Pumping Rate: <u>20</u> Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ feet after _____ 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 0-219
Print Name of Pump Installer and License No. (if applicable) _____
Signature of Pump Installer