

County: Harrison  
 Permit #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 11/30/06

**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 #: F-478  
 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 align="center"><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Extend Hands Assembly of God</u>          Mailing Address: <u>116427 Shaw Rd</u>  <u>Gulfport MS 39532</u>          City State Zip Code          Telephone No. <u>228 218-3338</u></p>	<p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: _____ Longitude: _____          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS          _____ 1/4 _____ 1/4 Sec <u>14</u> Twp <u>10S</u> Rng <u>12W</u>          Distance _____ Direction _____ Nearest Town _____          Miles _____ of <u>Gulfport</u></p>
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**Well/Borehole Data**

Date drilling started: 11/29/06 Date drilling completed: 11/30/06 Hole depth: 210 Hole diameter: 4"x2"  
 Location of the source of any surface water used for drilling: Shop  
 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 drilling is not related to water well construction, strike 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: 11/30/06  
 Method of Measurement (circle one) steel tape \_\_\_\_\_ electric tape \_\_\_\_\_ air line \_\_\_\_\_ other plumb bob  
 Well depth: 210 Well grouted to a depth of 15 feet Type of grout (circle one): Best Cement \_\_\_\_\_ Bentonite \_\_\_\_\_ Mix \_\_\_\_\_  
 Casing length: 200 feet Casing diameter: 4"x2 inches Type of casing: PVC  
 Screen length: 10 feet Screen diameter: 4"x2 inches Type of screen: PVC  
 Screen slot size: .006 inches Setting depth: From 200 feet to 210 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: N/A feet. *If telescoped or more than one screen, describe on next page*

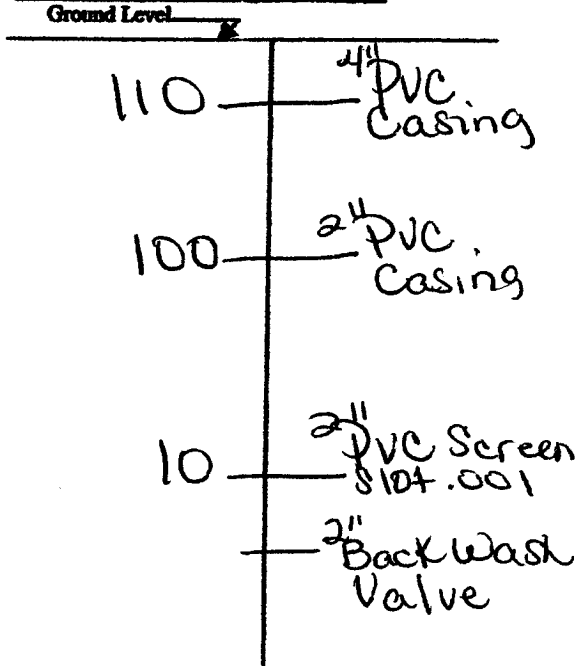
Form: OLWR-SWR-1A

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F-478

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	35
Household Sand	35	45
Salt Blue Clay	45	190
Fine H <sub>2</sub> O Sand	190	210

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: J.P. Sherman

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 law.

Print Name of Responsible Licensee and License No. Dwight Mason 0-009 Date 11/30/00 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: 11/30/2006  
*Copy information from check on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: E-478  
 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>Extended Hands Assembly</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>16427 Shaw Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Gulfport MS 39530</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>H T 6S R12W</u>
Telephone No. <u>228 218-3338</u>	Distance Direction Nearest Town
	<u>7</u> miles <u>A</u> of <u>Gulfport</u>

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>One</u>
Date Pump Installed: <u>11/30/2006</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/30/2006</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 slat in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</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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