

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 1-3-07

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-480
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Mr. Deroyes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10424 Shaw Rd</u> <u>Gulfport MS 39501</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	____' x ____' Sec <u>15</u> Twp <u>6S</u> Rng <u>12W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>North of Gulfport</u>

Well / Borehole Data

Date drilling started: 1-2-07 Date drilling completed: 1-3-07 Hole depth: 600' Hole diameter: 4"x2"

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

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 Newton 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, slide 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: 110 feet above or below (circle one) land surface Date measured: 1-3-07

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

Well depth: 600' Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 590' 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 590 feet to 600 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*

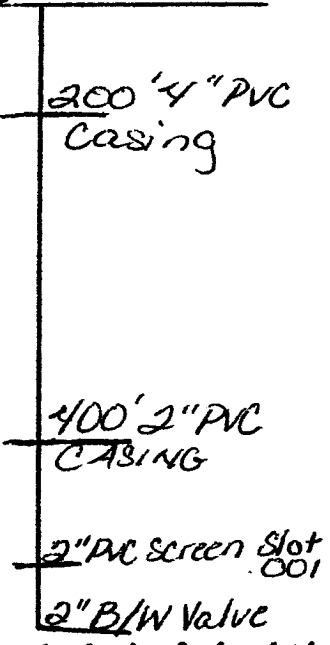
Form: OLWR-SWR-1A

RECEIVED
 MAR 12 2007
 BY: OLWR

F-480

The sketch below only required for water wells.

If well telescopes, show depths on sketch.
Ground Level \longleftarrow X



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	10
Gravel	10	15
Course White Sand	15	35
Soft Blue Clay	35	210
Hard Blue Clay	210	340
Fine H ₂ O Sand	340	560
Course H ₂ O Sand	560	600

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: _____

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.

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

Date

Dwight Mason
Signature of Licensee

RECEIVED
MAR 12 2007
BY: OLWR

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: 1-3-07
Copy information from check on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F-480
 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>Mr. Deroyes</u> Mailing Address: <u>16424 Shaw Rd</u> <u>Gulfport MS 39501</u> City _____ State _____ Zip Code _____ Telephone No. (____) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec. <u>15 T 6S R 12W</u> Distance _____ Direction _____ Nearest Town _____ <u>3</u> miles <u>North of Gulfport</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>1-3-07</u> Rated Pump Capacity: <u>15</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>120</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-3-07</u> Static Water Level (A): <u>110</u> Feet Below Land Surface Pumping Water Level (B): <u>110</u> Feet Below Land Surface Drawdown [(B)-(A)]: <u>0</u> Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> <u>Plumb bob</u> <input checked="" type="checkbox"/> For flowing well, measured shut in head: <u>N/A</u> feet Well yielded <u>15</u> GPM with a drawdown of <u>0</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Dwight Mason 0-209 Dwight Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED
 MAR 12 2007
 BY: OLWR