

County: Harrison
 Permit #: 0-652
 Driller: R. Mason
 Date drilling completed: 4/16/07

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-984
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Matthew Turner</u>	Latitude: <u>30° 29' 57.5"</u> Longitude: <u>W 89° 14' 24.0"</u>
Mailing Address: <u>13470 Alcega Lizana</u> <u>Gulfport, MS</u> <u>39228-2053</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: _____ State: _____ Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. () _____	_____ 1/4 _____ 1/4 Sec <u>30</u> Twn <u>65</u> Rng <u>12w</u>
	Distance _____ Miles Direction _____ of Nearest Town <u>Gulfport</u>

Well / Borehole Data

Date drilling started: 4/15/07 Date drilling completed: 4/16/07 Hole depth: 440' Hole diameter: 4x2

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

Method of dosing and volume of Chlorine used in drilling and development: 12lb per 1000lb 89% Chlorine

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

Name of organization running log(s): _____

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, 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: 60 feet above or below (circle one) land surface Date measured: 4/16/07

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

Well depth: 440 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 430 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 430 feet to 440 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

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 #: 0-652
 Driller: R. Mason
 Date completed: 4/16/07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F-484
 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>Matthew Turner</u>	Latitude: <u>N30° 29' 57.5"</u> Longitude: <u>W89° 14' 24.0"</u>
Mailing Address: <u>13470 Alcedo Lizana</u> <u>Gulfport, MS</u> <u>39501</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of <u>Gulfport</u>
Telephone No. <u>228 265.1553</u>	

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</u>
Date Pump Installed: <u>4/16/07</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/16/07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>60</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>14</u> GPM with a drawdown of _____
Test Pumping Rate: <u>14</u> Gallons Per Minute	_____ 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.

Ronald D. Mason 0652 Ronald D. Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B