

Jun 13 06 02:39p

Coastal Drilling

2283925031

p. 10

County: Harrison  
 Permit #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 5/16/06

**State Well Report**  
**Part I - 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 #: G-519  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Ron. Wines</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>White Stone + Bell</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Biloxi, MS 39532</u>	_____ 1/4 _____ 1/4 Sec. <u>13</u> Twn <u>6S</u> Rng <u>11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>3</u> Miles <u>W</u> of <u>Woodmarket</u>

**Well / Borehole Data**

Date drilling started: 5/5/06 Date drilling completed: 5/16/06 Hole depth: 480 Hole diameter: 4x2

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

Method of dosing and volume of Chlorine used in drilling and development: 1/2 lb per 1000 gal 59% 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, 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: 80 feet above or below (circle one) land surface Date measured: 5/16/06

Method of Measurement (circle one) steel tape \_\_\_\_\_ electric tape \_\_\_\_\_ air line \_\_\_\_\_ other plumb bob

Well depth: 480 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement \_\_\_\_\_ Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 470 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 470 feet to 480 feet

Type of completion (circle all applicable): Gravel packed \_\_\_\_\_ Underreamed \_\_\_\_\_ Telescoped \_\_\_\_\_ Open hole Natural Development

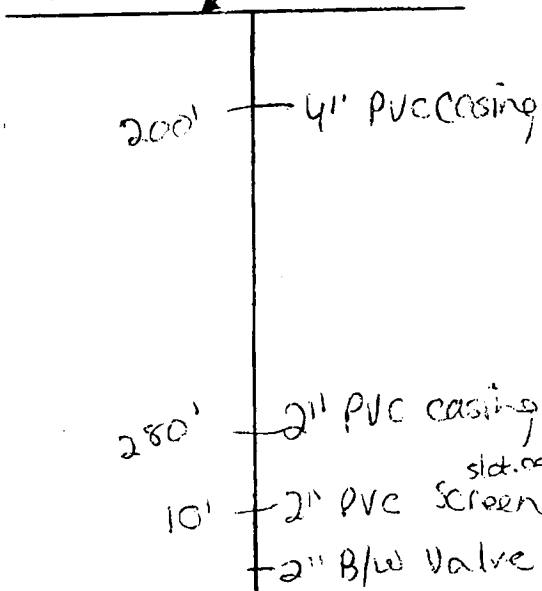
Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: N/A feet. If telescoped or more than one screen, describe on next page

G-519

The sketch below only required for water wells

If well telescopes, show depths on sketch  
Ground Level



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	4
Red Sandy Clay	4	35
White Sand & Gravel	35	55
Soft Blue Clay	55	210
White Sand	210	230
Soft Blue Clay	230	330
Hard Blue Clay	330	450
Coarse water Sand	450	480

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:     Ron Wines    

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.

Print Name of Responsible Licensee and License No.     Dwight Mason 0-009 516906    

Date

Signature of Licensee     Dwight Mason    

Signature of Licensee

### 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: 5/6/06  
 Copy information from block on Part 1

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: G-519  
 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>Ron Wines</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>White Stone &amp; Bell</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Pilotxi MS 3932</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>13</u> T. <u>6S</u> R. <u>11W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>3</u> Miles <u>W</u> of <u>Woodmarket</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="checkbox"/> <del>Jet</del> <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piton <input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5/6/06</u>	Setting Depth: <u>80</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>5/6/06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shot 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 Dwight Mason  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer