

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 12/18/06

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 #: G-524
 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	Well or Borehole Location
<p><i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Lorain Q Woodt</u> Mailing Address: <u>3115 Cyprus Creek</u> <u>Biloxi MS 39530</u> City State Zip Code Telephone No. () _____</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>35</u> Twp <u>6S</u> Rng <u>11W</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of <u>Gulfport</u></p>
Well / Borehole Data	
<p>Date drilling started: <u>12/17/06</u> Date drilling completed: <u>12/18/06</u> Hole depth: <u>240</u> Hole diameter: <u>5"</u></p>	
<p>Location of the source of any surface water used for drilling: <u>Shop</u></p>	
<p>Method of dosing and volume of Chlorine used in drilling and development: <u>1/2 lb per 1000 gal 89% chlorine</u></p>	
<p>Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): <u>N/A</u></p>	
<p>Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block.</i></p>	
<p>Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____</p>	
<p>If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____</p>	
<p>Static Water Level: <u>85</u> feet above <input checked="" type="checkbox"/> below (circle one) land surface Date measured: _____</p>	
<p>Method of Measurement (circle one) steel tape electric tape air line <input checked="" type="checkbox"/> other <u>plumb bob</u></p>	
<p>Well depth: <u>240</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix</p>	
<p>Casing length: <u>230</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u></p>	
<p>Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u></p>	
<p>Screen slot size: <u>.006</u> inches Setting depth: From <u>230</u> feet to <u>240</u> feet</p>	
<p>Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telecoped _____ Open hole <input checked="" type="checkbox"/> <u>Natural Development</u> Other (describe): _____</p>	
<p>Top of lap pipe or reduction in casing: <u>N/A</u> feet. <i>If telecoped or more than one screen, describe on next page.</i></p>	

Form: OLWR-SWR-1A

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G-524

The sketch below only required for water wells.

If well screens, show depths on sketch.

Ground Level *K*

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	
Ice Soil	0	3
Red Sandy Clay	3	15
White Coarse Sand	15	35
Soft Blue Clay	35	110
Hard Blue Clay	110	200
tan H ₂ O Sand	200	220

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: Torain D Wondt

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

Date

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: 12/18/06
Copy Information from Block on Part 1

For Office Use Only:

Aquifer: _____
Well #: G-524
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>Torain Q Woodt</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3115</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cyprus Creek</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Biloxi MS 39533</u>	_____ 1/4 _____ 1/4 Sec. <u>35 to S R 11 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	_____ Miles _____ of <u>Gulfport</u>

Pump Type Circle one	Power Type Circle one
Air Lift <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: _____
Date Pump Installed: <u>12/18/06</u>	Setting Depth: <u>100</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>12/18/06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>85</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>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)

Dwight Mason
Signature of Pump Installer

Form: OLWR-SWR-1B

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