

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 7/21/05

**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 #: H-520
 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.

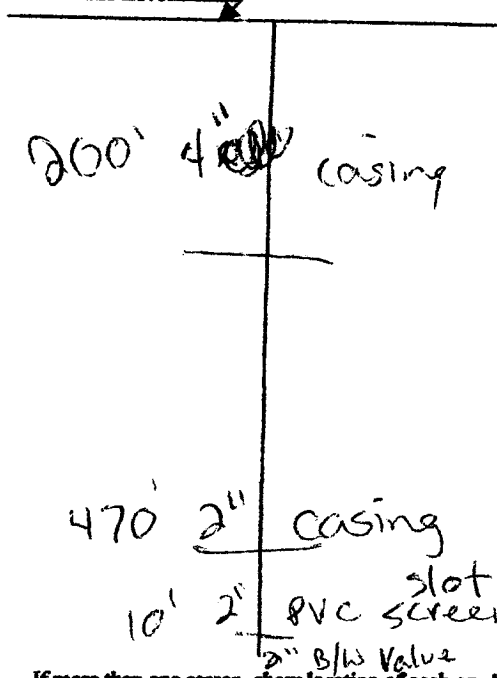
<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Bro Johnson</u> ¹⁶⁴⁹⁰ Mailing Address: <u>Grandmother Lane</u> <u>Biloxi</u> <u>MS</u> <u>39532</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: _____ Longitude: _____</p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS</p> <p><u>1/4</u> <u>1/4</u> Sec <u>23</u> Twn <u>65</u> Rng <u>10W</u></p> <p>Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>Cedar Lake</u></p>
<p>Well / Borehole Data</p> <p>Date drilling started: <u>7/20</u> Date drilling completed: <u>7/21/05</u> Hole depth: <u>680</u> Hole diameter: <u>4x2</u> <u>200</u></p> <p>Location of the source of any surface water used for drilling: <u>Shap</u> Method of dosing and volume of Chlorine used in drilling and development: <u>3 lbs / 2200 gal</u></p> <p>Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____</p> <p>Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____</p> <p><i>If drilling is not related to water well construction, strike 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 _____ Other (describe) _____</p> <p>Static Water Level: <u>75</u> feet above or below (circle one) land surface Date measured: <u>7/21/05</u></p> <p>Method of Measurement (circle one) steel tape electric tape air line <u>other</u> <u>plumb bob</u></p> <p>Well depth: <u>680</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix Casing length: <u>670</u> feet Casing diameter: <u>4x2</u> inches Type of casing: <u>PVC</u> Screen length: <u>10</u> feet Screen diameter: <u>4x2</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.006</u> inches Setting depth: From <u>670</u> feet to <u>680</u> feet</p> <p>Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u> Other (describe): _____</p> <p>Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch



If more than one screen, show location of each 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 Clay	3	15
White Sand	15	35
Red Clay	35	75
Gravel	75	90
Soft Blue Clay	90	220
Hard "	220	275
Fine Water Sand	275	300
Hard Blue Clay	300	620
Fine Water Sand	620	640
Coarse Water Sand	640	680

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: Brc Johnson

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 0-209 7/21/05 Dwight Mason
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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: 7/21/05
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H-520
 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>Bro. Johnson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>16440 Grandmother Ln</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Biloxi</u> <u>MS</u> <u>39532</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>23</u> T <u>6S</u> R <u>10W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>N</u> of <u>Cedar Lake</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1hp</u>
Date Pump Installed: <u>7/21/05</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>14</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/21/05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): <u>plumb bob</u>
Pumping Water Level (B): <u>75</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ 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

Form: OLWR-SWR-1B

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