

### 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)

County: Harrison  
 Permit #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 4/6/06

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: H-534  
 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><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Ken Jordan</u>          Mailing Address: <u>16 Wash Foyard Rd</u>  <u>Biloxi, MS 39531</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: _____ Longitude: _____</p> <p>Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>_____ 1/4 _____ 1/4 Sec <u>33</u> Twn <u>6S</u> Rng <u>10W</u></p> <p>Distance _____ Direction _____ Nearest Town _____          Miles _____ of <u>Woolmarket</u></p>
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**Well / Borehole Data**

Date drilling started: 4/5/06 Date drilling completed: 4/6/06 Hole depth: 250 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 39% 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: 85 feet above or below (circle one) land surface Date measured: 4/6/06

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

Well depth: 250 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite  Mix

Casing length: 240 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 240 feet to 250 feet

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

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

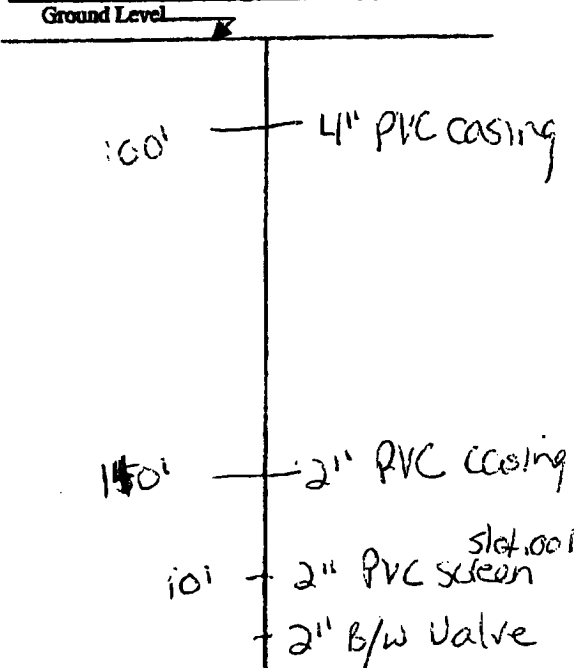
Top of lap pipe or reduction in casing: N/A feet *If telescoped or more than one screen, describe on next page*

Form OLWR-SWR-1A  
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 BY: OLWR

H-534

The sketch below only required for water wells.

If well telescopes, show depths 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) Ground Level	To (depth)
Top Soil	0	3
Red Sand Clay	3	15
Gravel + Sand	15	20
Soft Blue clay	20	200
Hard Blue clay	200	210
Fine Water Sand	210	220
Coarse Water Sand	220	250

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: Ken Jordan

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 Maser 6-2009 Date 4/6/06

Signature of Licensee Dwight Maser

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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: 4/16/06  
*Copy information from block or Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: H-534  
 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**  
 Owner Name: Ken Jordan  
 Mailing Address: 16 Wash Foyard Rd.  
Biloxi, MS 39531  
 City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_ Hand-held GPS \_\_\_\_\_ Survey-grade GPS \_\_\_\_\_  
 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 33 T6S R10W  
 Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
 \_\_\_\_\_ Miles \_\_\_\_\_ of Woodmarket

**Pump Type**  
 Circle one

Air Lift	Jet	<u>Submersible</u>
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify): \_\_\_\_\_  
 Date Pump Installed: 4/16/06  
 Rated Pump Capacity: 15 Gallons Per Minute

**Power Type**  
 Circle one

Diesel Engine	Gasoline Engine	Natural Gas
<u>Electric Motor</u>	Hand	Tractor PTO
Windmill	Other (specify): _____	

Horse Power Rating of Motor: 1  
 Setting Depth: 100 feet  
 Number of Stages: 14

**Pump Test Data**

Date Well Tested: 4/16/06  
 Static Water Level (A): 85 Feet Below Land Surface  
 Pumping Water Level (B): 85 Feet Below Land Surface  
 Drawdown [(B)-(A)]: 0 Feet Below Land Surface  
 Test Pumping Rate: 15 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 4 hours

**Method of Measuring Water Level**  
 Circle one

Air Line	Electric Measuring Line	Steel Tape
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Other (specify): Plumb bob  
 For flowing well, measured shut in head: N/A feet  
 Well yielded 15 GPM with a drawdown of \_\_\_\_\_ feet after 4 hours of pumping

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

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 MAY 22 2006  
 BY: OLWR