

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 11/16/06

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 #: M-544
 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>Scott Wolf</u> Mailing Address: <u>9876 Horse Rushing</u> <u>Biloxi</u> <u>MS</u> City State Zip Code Telephone No. () _____ | Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ ¹ / ₄ _____ ¹ / ₄ Sec <u>26</u> Twn <u>6S</u> Rng <u>10W</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles <u>N</u> of <u>Biloxi</u> |
| Well / Borehole Data | |
| Date drilling started: <u>11/16/06</u> Date drilling completed: <u>11/17/06</u> Hole depth: <u>440</u> Hole diameter: <u>5</u> Location of the source of any surface water used for drilling: <u>Shop</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1/2 lb per 1000 gal 89% chlorine</u> Logs run (circle all applicable): No log run <input checked="" 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> 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> | |
| Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____ Static Water Level: <u>100</u> feet above <input checked="" type="checkbox"/> below (circle one) land surface Date measured: <u>11/17/06</u> Method of Measurement (circle one) steel tape _____ electric tape _____ air line _____ other: <u>plumb bob</u> Well depth: <u>440</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix Casing length: <u>430</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u> Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.006</u> inches Setting depth: From <u>430</u> feet to <u>440</u> feet Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole <u>Natural Development</u> Other (describe): _____ Top of lap pipe or reduction in casing: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page.</i> | |

Form: OLWR-SWR-1A

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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: 11/17/06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-544
 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>Scott Nelf</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>9876 Horse Rushing</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Biloxi, MS</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code | _____ 1/4 _____ 1/4 Sec. <u>26 T 6 S R 10 W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>1</u> Miles <u>N</u> of <u>Biloxi</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine | <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Motor Power Rating of Motor: <u>2</u> |
| Date Pump Installed: <u>11/17/06</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>3</u> Gallons Per Minute | Number of Stages: <u>9</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>11/17/06</u> | Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>100</u> Feet Below Land Surface | Other (specify): <u>Plumb bob</u> |
| Pumping Water Level (B): <u>103</u> Feet Below Land Surface | For flowing well, measured shut in head: <u>N/A</u> feet |
| Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface | Well yielded <u>3</u> GPM with a drawdown of |
| Test Pumping Rate: <u>3</u> Gallons Per Minute | <u>3</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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