

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

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 #: H-545
 L. S. Elevation: _____
 B-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 <i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Owner Name: <u>Bandy Wilson</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>5525 Lorraine Rd.</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>33</u> Twn <u>6S</u> Rng <u>10W</u> |
| City State Zip Code | Distance _____ Miles Direction _____ of <u>Biloxi</u> <u>Woolmarket</u> |
| Telephone No. <u>(601) 528-4865</u> | |

Well / Borehole Data

Date drilling started: 11/10/06 Date drilling completed: 11/11/06 Hole depth: 440 Hole diameter: 5

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

Method of dosing and volume of Chlorine used in drilling and development: 1/2 lb per 1000 gal 89% 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, slide 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 below (circle one) land surface Date measured: 11/11/06

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

Well depth: 440 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 430 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 430 feet to 440 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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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: 11/11/06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H-545
 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>Randy Wilson</u> Mailing Address: <u>5525 Lorraine Rd.</u> <u>Biloxi, MS 39532</u> <small>City State Zip Code</small> Telephone No. <u>(601) 528-4865</u> | Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>33 T 6S R 10W</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of <u>Biloxi Woodmarket</u> |

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

| Pump Test Data | Method of Measuring Water Level Circle one |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date Well Tested: <u>11/11/06</u> Static Water Level (A): <u>85</u> Feet Below Land Surface Pumping Water Level (B): <u>85</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface Test Pumping Rate: <u>3</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours | Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> <input checked="" type="radio"/> Other (specify): <u>Plumb bob</u> For flowing well, measured shut in head: <u>N/A</u> feet Well yielded <u>3</u> GPM with a drawdown of _____ feet after <u>4</u> hours of pumping |

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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H-545

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level _____

Blank area for sketching well location and formations.

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 | |
| Red Top Soil | 0 | 3 |
| Coarse White Sand | 3 | 20 |
| Soft Blue Clay | 20 | 45 |
| Fine H ₂ O Sand | 45 | 200 |
| Soft Blue Clay | 200 | 220 |
| Hard Blue Clay | 220 | 300 |
| Fine H ₂ O Sand | 300 | 400 |
| Coarse H ₂ O Sand | 400 | 410 |
| | 410 | 420 |
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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: Randy Wilson

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 6-609 11/11/06

Dwight Mason

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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