

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 11/19/06

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)

Per Office Use Only:
 Aquifer: _____
 Well #: H-546
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Keith Stockstiell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>13497 Jim Byrd Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Biloxi, MS</u>	<u>1/4</u> <u>1/4</u> Sec: <u>34</u> Twp: <u>6S</u> Rng: <u>10W</u>
City: _____ State: _____ Zip Code: _____	Distance _____ Miles Direction _____ of _____
Telephone No. <u>228 860-6614</u>	<u>Biloxi/Woolmarket</u>
Well / Borehole Data	
Date drilling started: <u>11/18/06</u> Date drilling completed: <u>11/19/06</u> Hole depth: <u>140</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 checked="" 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 driller 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>6.5</u> feet above or below (circle one) land surface Date measured: <u>11/19/06</u>	
Method of Measurement (circle one) steel tape _____ electric tape _____ air line _____ other: <u>plumb bob</u>	
Well depth: <u>140</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix _____	
Casing length: <u>130</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>130</u> feet to <u>140</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: 11/19/06
Case information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H-546
 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>Keith Stackstiel</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>13497 Jim Byrd Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Biloxi</u> <u>MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>34 T 68 R 10W</u>
Telephone No. <u>(228) 860-0614</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ on <u>Biloxi/Wood</u> market

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>11/19/06</u>	Setting Depth: <u>80</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>11/19/06</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>65</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 Dwight Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

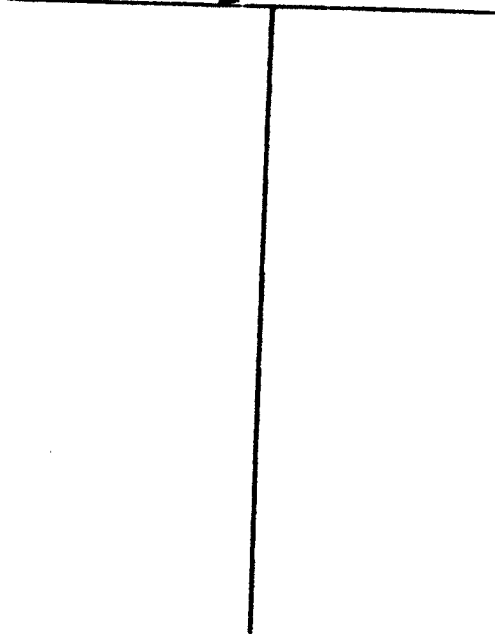
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H-546

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 borcholes, unless specifically exempted by regulations.

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Top Soil	0	3
Sandy Red clay	3	15
White Guss Sand	15	35
Soft Blue clay	35	75
Fine H ₂ O sand	75	115
Good H ₂ O sand	115	140

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: Keith Stockstiehl

Form: OLWR-SWR-1A

I certify that the well/borchole 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 00091119/06 Date

Dwight Mason Signature of Licensee

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