

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 1/16/07

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-557
 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>Clyde Evans</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>18201 Husley Rd</u> <u>Biloxi, MS 39531</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec. <u>35</u> Twp <u>6S</u> Rng <u>10W</u>
Telephone No. () _____	Distance _____ Miles Direction _____ of _____ Nearest Town _____

Well / Borehole Data

Date drilling started: 1/15/07 Date drilling completed: 1/16/07 Hole depth: 680 Hole diameter: 4"x2"

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 driller 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: 65 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 680 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 670 feet Casing diameter: 4"x2" inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4"x2" inches Type of screen: PVC

Screen slot size: 1006 inches Setting depth: From 670 feet to 680 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.

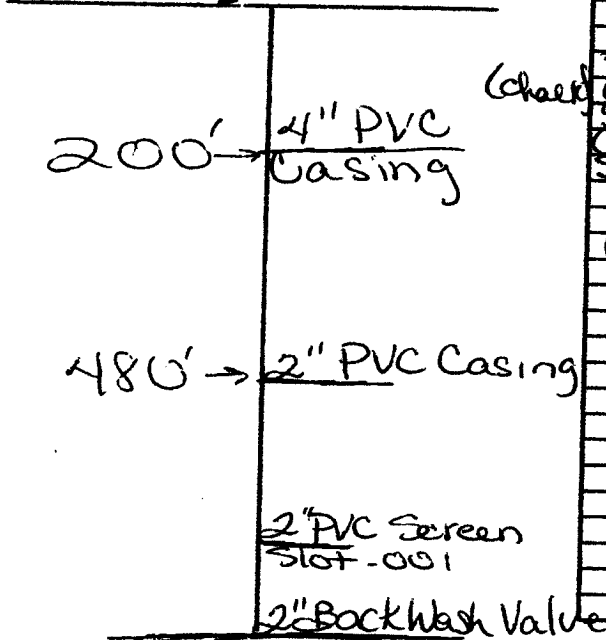
Form: OLWR-SWR-1A

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The sketch below only required for water wells.

If well telescopes, show joints on sketch.

Ground Level K



Check

Description of Formations Encountered	From (depth)	To (depth)
Ice Soil	Ground Level	3
Red Sandy Clay	3	35
Course White Gravel	35	65
Salt Blue Clay	65	130
Course H ₂ O Sand	230	240
Salt Blue Clay	240	280
Hard Blue Clay	300	610
Fine H ₂ O Sand	610	670
Course H ₂ O Sand	670	680

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:

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 0-009
 Print Name of Responsible Licensee and License No.

Dwight Mason
 Signature of Licensee

Date

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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: 1/16/07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H-557
 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>Clyde Evans</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>18201 Husley Rd</u> <u>Biloxi, MS 39531</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec. <u>35 T6 S R 10 W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of <u>Biloxi</u>
Telephone No. (____) _____	

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>1/16/07</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>1/16/07</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
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 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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