

State Well Report

Part 1

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 #: 0-652
 Driller: R. Mason
 Date drilling completed: 1-9-06

For Office Use Only:
 Aquifer: _____
 Well #: H-569
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Duane Lee Olsen</u>	Latitude: <u>N30° 31' 33.4"</u> Longitude: <u>W89° 55' 27.7"</u>
Mailing Address: <u>16456 Old Hwy. 15</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Biloxi</u> MS <u>39530</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	¼ Sec <u>18</u> Twn <u>65</u> Rng <u>9w</u>
Telephone No. <u>228-324-9025</u>	Distance _____ Direction _____ Nearest Town <u>Biloxi</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 1-8-06 Date well drilling completed: 1-9-06

If flowing, method of flow regulation: Valve N/A Other (describe) _____

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 1-9-06

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

Hole depth: 365' Well depth: 365' Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 355 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 355 feet to 365 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Ronald D. Mason - 0-652
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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H-569

If well telescopes please sketch below and show depths.

Ground Level	Description of Formations Encountered	From	To
200'	4" PVC Casing	0	3
	TOP SOIL	3	15
	Red Sandy Clay	15	35
	Coarse White Sand	35	210
205'	2" PVC Casing	210	250
	Soft Blue Clay	250	275
	Fine H ₂ O Sand	275	350
	Hard Blue Clay	350	400
	2" PVC Screen		
	8/16" .001		
	2" Backwash Valve		

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) indicate direction.

Landowner Name: _____

X Remond P...
 Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer: _____

Well #: H-569

Elevation: _____

County: Harrison
 Permit #: 0-652
 Driller: R. Mason
 Date completed: 1-9-06

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Duane Lee Olsen</u>	Latitude: <u>N 30° 31' 33.4"</u> Longitude: <u>W 88° 55' 27.7"</u>
Mailing Address: <u>16456 Hwy. 15</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Biloxi MS 39532</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	1/4 1/4 Sec Twn Rng
Telephone No. () <u>324.9025</u>	Distance Direction Nearest Town
	Miles of <u>Biloxi</u>

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: <u>1</u>
Date Pump Installed: <u>1-9-06</u>	Setting Depth: <u>100</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>1-9-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>90</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.

Ronald D. Mason 0-652 X Ronald D. Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR