

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 #: _____
 Driller: Coast Water Well Serv.
 Date drilling completed: 2-10-11

For Office Use Only:
 Aquifer: H 597
 Well #: _____
 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>Advanced Disposal</u>	Latitude: <u>30° 27' 40.56"</u> Longitude: <u>088° 56' 51.42"</u>
Mailing Address: <u>14339 Hudson-Krohn Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Biloxi, ms 39532</u> City State Zip Code	<u>N 68 1/4 SW 1/4 Sec 25 Twn 76 S Rng R 10 W</u>
Telephone No. <u>601 392-2426</u>	Distance Direction Nearest Town <u>2 Miles North of Biloxi</u>

Well Data

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

Date well drilling started: 2-8-11 Date well drilling completed: 2-10-11

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: 2-10-11

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

Hole depth: 349 FT. Well depth: 349 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 329 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 329 feet to 349 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): N/A

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.

Jack Ridgdell 0-472
 Print Name of Water Well Contractor and License No.

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Jack Ridgdell
 Signature of Water Well Contractor

FEB 28 2011

BY: OLWR

H 597

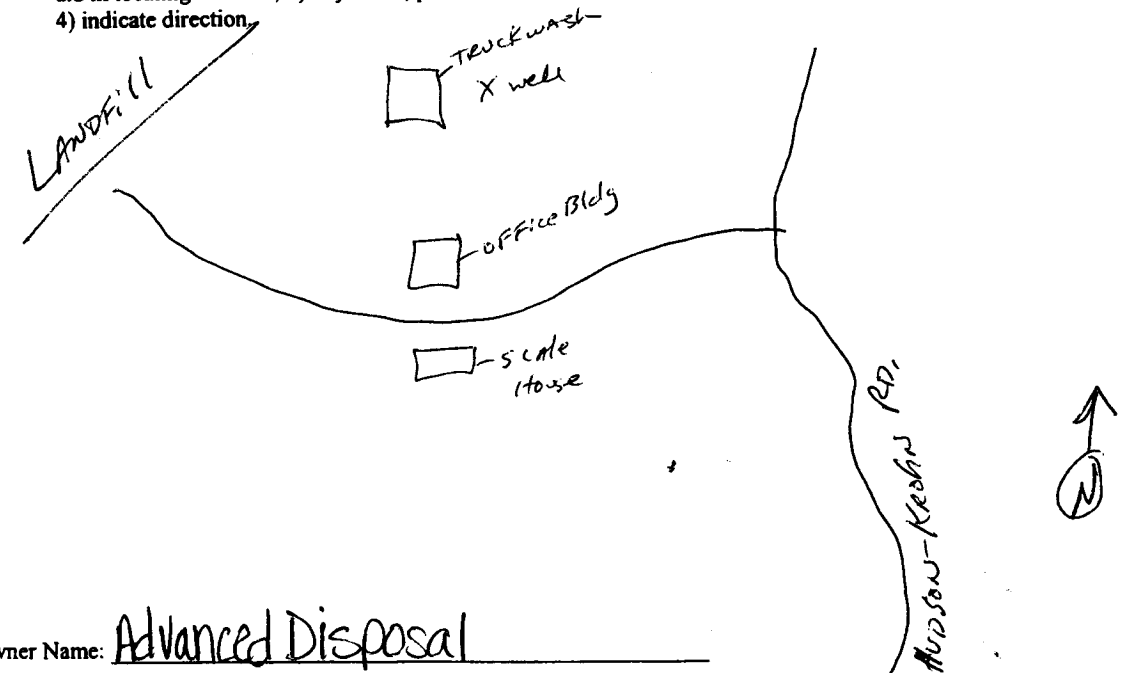
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	2
Orange clay	2	8
Orange Coarse sand	8	18
Blue Clay	18	70
Orange coarse sand	70	103
blue clay	103	106
Orange Coarse Sand	106	135
Blue Clay	135	318
Gray Medium to Coarse Sand	318	349

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: Advanced Disposal

Mark Ridge
 Signature of Water Well Contractor

OLD Hwy 67

CEDAR LAKE Rd

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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 #: _____
 Elevation: _____

County: Harrison
 Permit #: _____
 Driller: Coast Water Well serv.
 Date completed: 2-10-11

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

Owner Name: Advanced Disposal
 Mailing Address: 14339 Hudson-Krohn Rd.
Biloxi, ms 39532
City State Zip Code
 Telephone No. 668 392-2426

Well Location

Latitude: 30° 29' 40.56" Longitude: 088° 56' 57.42"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS Survey-grade GPS
NW 1/4 SW 1/4 Sec 25 Twn 76S Rng R 10W
 Distance Direction Nearest Town
2 Miles North Biloxi

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 2-11-11
 Rated Pump Capacity: 85 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 5 H.P.
 Setting Depth: 210 FT. Drop Pipe feet
 Number of Stages: 10

Pump Test Data

Date Well Tested: 2-11-11
 Static Water Level (A): 90 Feet Below Land Surface
 Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface
 Test Pumping Rate: 90 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 6 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: N/A feet
 Well yielded 120 GPM with a drawdown of
N/A feet after N/A hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jack Ridgell 0-472
 Print Name of Pump Installer and License No. (if applicable)

Jack Ridgell
 Signature of Pump Installer

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FEB 28 2011
 BY: OLWR