

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)

For Office Use Only:

Aquifer: _____
Well #: H609
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: _____
Driller: Coast Water Wells SA
Date drilling completed: 12/3/12

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>Mark Tiblier</u> | Latitude: <u>30.30.12.30"</u> Longitude: <u>088.56.24.12"</u> |
| Mailing Address: <u>Big John Road</u> | Method of Lat/Long (circle one): Conventional Survey, _____ |
| <u>Biloxi, MS 39532</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS _____ |
| City: _____ State: _____ Zip Code: _____ | <u>SE 1/4 Sec 24</u> / <u>T65N</u> Rng <u>R10W</u> |
| Telephone No. <u>(228) 990-4666</u> | Distance: <u>4</u> Miles Direction: <u>North</u> of Nearest Town: <u>Biloxi</u> |

Well Data

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

Date well drilling started: 12/3/12 Date well drilling completed: 12/3/12

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 12/3/12

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

Hole depth: 324 FT Well depth: 324 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 309 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 309 feet to 324 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 Ridgell 0-472 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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Lewis Printing - Pascagoula, MS

If well telescopes please sketch below and show depths.

Ground Level _____



| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| TOP SOIL | 0 | 2 |
| Orange Clay | 2 | 30 |
| Orange Coarse Sand | 30 | 75 |
| Blue Clay w/ streaks of Sand | 75 | 83 |
| Gray Medium to Coarse Sand | 83 | 94 |
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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) indicate direction.

Landowner Name: Mark Tiblier

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Jan Rydell
Signature of Water Well Contractor

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 #: H609
 Elevation: _____

County: Harrison
 Permit #: _____
 Driller: Coast Water Wells SKV
 Date completed: 12/3/12

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>Mark Tiblier</u> | Latitude: <u>30° 30' 12.30"</u> Longitude: <u>088° 56' 24.12"</u> |
| Mailing Address: <u>Big John Road</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>SW 1/4 SE 1/4 Sec 24 Twn T6S Rng R10W</u> |
| Telephone No. <u>228 990-4666</u> | Distance Direction Nearest Town <u>4 Miles NORTH of Biloxi</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input type="radio"/> (Jet) <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine 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 Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>2 HP</u> |
| Date Pump Installed: <u>12/18/12</u> | Setting Depth: <u>120 FT Drop Pipe</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>3</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>12/18/12</u> | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>100</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface | For flowing well, measured shut in head: <u>N/A</u> feet |
| Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface | Well yielded <u>23</u> GPM with a drawdown of |
| Test Pumping Rate: <u>10</u> Gallons Per Minute | <u>N/A</u> feet after <u>N/A</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.

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