

Harrison

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 #: J-337
 L. S. Elevation: _____
 E-log #: _____

County: Hancock
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 7/20/06

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) Owner Name: <u>Michael S. Leblanc</u> Mailing Address: <u>11375 Labony Rd</u> <u>Pass Christian, MS</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>12</u> Twn <u>7S</u> Rng <u>13W</u> Distance Direction Nearest Town <u>12</u> Miles <u>N</u> of <u>Pass Christian</u>
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Well / Borehole Data

Date drilling started: 7/19/06 Date drilling completed: 7/20/06 Hole depth: 320 Hole diameter: 4x2

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 making logs: N/A

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling 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: 85 feet above or below (circle one) land surface Date measured: 7/20/06

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

Well depth: 320 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 310 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 310 feet to 320 feet

Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole Natural Development _____

Other (describe): _____

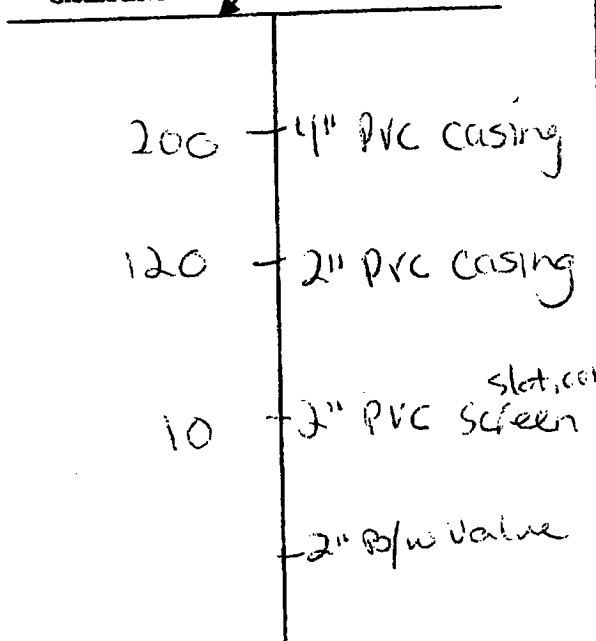
Top of lap pipe or reduction in casing: N/A feet. If telescoped or more than one screen, describe on next page

J-337

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch
Ground Level \rightarrow



Description of Formations Encountered	From (depth) Ground Level	To (depth)
Top Soil	0	3
Sandy Red Clay	3	15
Coarse White Sand	15	35
Sat + Blue Clay	35	280
Fine Water Sand	280	300
Coarse Water Sand	300	325

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: Michael S. Lelilane

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 7/20/06
Print Name of Responsible Licensee and License No. Date

Dwight Mason
Signature of Licensee

Harrison

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 #: J-337
Elevation: _____

County: Hancock
Permit #: 0-209
Driller: R. Mason
Date completed: 7/20/06

Copy information from block in Part 1

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

Owner Name: Michael S. Leflane
Mailing Address: 11375 Lobony Rd
Pass Christian MS
City State Zip Code
Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
_____ 1/4 _____ 1/4 Sec. 12 T. 7S R. 13W
Distance Direction Nearest Town
12 Miles N of Pass Christian

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 1
Setting Depth: 100 feet
Number of Stages: 14

Date Pump Installed: 7/20/06
Rated Pump Capacity: 15 Gallons Per Minute

Pump Test Data

Date Well Tested: 7/20/06
Static Water Level (A): 85 Feet Below Land Surface
Pumping Water Level (B): 85 Feet Below Land Surface
Drawdown [(B) - (A)]: 0 Feet Below Land Surface
Test Pumping Rate: 15 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): Plumb bob
For flowing well, measured stat in head: N/A feet
Well yielded 15 GPM with a drawdown of
0 feet after 4 hours of pumping

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)

Dwight Mason
Signature of Pump Installer