

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 #: K-417
 L. S. Elevation: _____
 E-log #: _____

County: Harrison
 Permit #: _____
 Driller: R. Mason
 Date drilling completed: 2-9-05

Mason Water Wells, LLC

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>Westin Homes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Correne</u> <u>Gulfport</u> <u>MS 39501</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec. <u>5</u> Twp. <u>7S</u> Rng. <u>12W</u>
Telephone No. <u>875-5680</u>	Distance: <u>3</u> Miles Direction: <u>N</u> of Nearest Town: <u>Bay Beach</u>

Well Data

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

Date well drilling started: 2-9-05 Date well drilling completed: _____

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 2-9-05

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

Hole depth: 660 Well depth: 650 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 650 feet Casing diameter: 2 inches Type of casing: PRC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PRC

Screen slot size: .006 inches Setting depth: From 650 feet to 660 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: _____ 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.

Dwight Mason 0-209
 Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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Coastal Drilling

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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 #: _____
 Driller: R. Marx
 Date completed: 2-10-05

For Office Use Only:
 Aquifer: _____
 Well #: R-417
 Elevation: _____

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>Western Homes</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>Doyle</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
<u>Seely</u>	_____ 1/4 _____ 1/4 Sec <u>5</u> Twn <u>15</u> Rng <u>120</u>		
City _____ State _____ Zip Code _____	Distance _____	Direction _____	Nearest Town _____
Telephone No: <u>875-5680</u>	<u>3</u> Miles <u>N</u> of <u>Long Beach</u>		

Pump Type Circle one		Power Type Circle one		
Air Lift <input type="radio"/>	Submersible <input type="radio"/>	Diesel Engine <input type="radio"/>	Gasoline Engine <input type="radio"/>	Natural Gas <input type="radio"/>
Bucket <input type="radio"/>	Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/>	Hand <input type="radio"/>	Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/>	Flowing Well <input type="radio"/>	Windmill <input type="radio"/>	Other (specify): _____	
Other (specify): _____		Horse Power Rating of Motor: <u>1</u>		
Date Pump Installed: <u>2-10-05</u>	Setting Depth: <u>30</u> feet			
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>2</u>			

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>2-10-05</u>	Air Line <input type="radio"/>	Electric Measuring Line <input type="radio"/>	Steel Tape <input type="radio"/>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>Plumb</u>		
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping		
Test Pumping Rate: <u>9</u> Gallons Per Minute			
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 Marx 0-209
 Print Name of Pump Installer and License No. (if applicable)

 Signature of Pump Installer