

Coastal Drilling + Service Co.

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 #: M-920
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: _____
Driller: Ronnie Mason
Date drilling completed: 7/18/04

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>Miss State University</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1815 Pappas Ferry Rd.</u> <u>(MSU) Research & Ext.</u> <u>Biloxi, MS. 39532</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>7-S</u> Rng <u>10-W</u>
Telephone No. <u>662 325-8640</u>	Distance _____ Miles 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: 7/17/04 Date well drilling completed: 7/18/04

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 7/19/04

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

Hole depth: 600 Well depth: 600 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 580 feet Casing diameter: 4" inches Type of casing: P.V.C.

Screen length: 20 feet Screen diameter: 4" inches Type of screen: P.V.C.

Screen slot size: .006 inches Setting depth: From 580 feet to 600 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.

D Night Red Mason
Print Name of Water Well Contractor and License No.

Ronnie Mason
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

M-920

Ground Level

Description of Formations Encountered	From	To
Top Soil	1	5
Stony Red Clay	5	22
Medium Sand	22	40
Soft Blue Clay	40	340
fine water sand	340	360
Hard Blue Clay	360	540
fine water sand	540	560
Coarse Water Sand	560	600

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.

Well located S of new Mississippi
State University Research & Ext. building
S of Poppsferry Rd. in Biloxi

Landowner Name: Miss State University

Deyle Mc
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 #: M 920

Elevation: _____

County: Harrison
 Permit #: _____
 Driller: Ronald Mason
 Date completed: 7-18-04

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>Ms State University</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>815 Pops Jerry Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Bellevue, MS</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>39532</u>	<u>1/4</u> <u>1/4</u> Sec <u>13</u> Twn <u>7S</u> Rng <u>10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 325-8640</u>	_____ Miles _____ of <u>Bellevue</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5 HP</u> Setting Depth: <u>120</u> feet Number of Stages: <u>24</u>
Date Pump Installed: <u>7-20-04</u>	
Rated Pump Capacity: <u>20</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-20-04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): <u>Plum Bob</u>
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>11</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>7.20 + 7.21</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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)

[Signature]
 Signature of Pump Installer

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