

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)

County: HARRISON
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 10/11/06

For Office Use Only:
 Aquifer: _____
 Well #: M-943
 L. S. Elevation: _____
 E-log #: _____

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.

| | |
|--|---|
| <p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Glenn Gordon</u> Mailing Address: <u>13445 Old Hwy 67</u> <u>Biloxi</u> <u>MS</u> <u>39532</u> City State Zip Code Telephone No. <u>601-392-7578</u></p> | <p>Well or Borehole Location</p> <p>Latitude: _____ Longitude: _____</p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>_____ % _____ % Sec <u>2</u> Twn <u>7S</u> Rng <u>10W</u></p> <p>Distance _____ Direction _____ Nearest Town _____ _____ Miles of <u>Biloxi</u></p> |
|--|---|

Well / Borehole Data

Date drilling started: 10/10/06 Date drilling completed: 10/11/06 Hole depth: 700' 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 3950 chlorine

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): 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: 10.5 feet above below (circle one) land surface Date measured: 10/11/06

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

Well depth: 700 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 690 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 690 feet to 700 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*

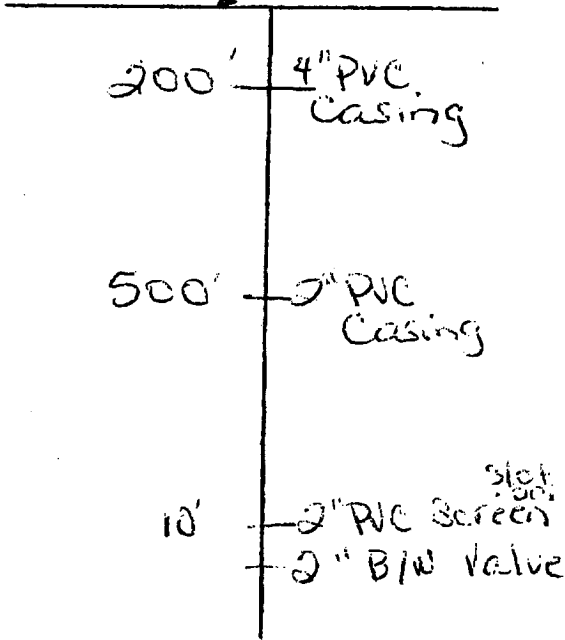
Form: OLWR-SWR-1A
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M-943

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level $\xrightarrow{\quad}$ K



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

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| | Ground Level | |
| Top Soil | 0 | 3 |
| Red Soft Clay | 3 | 15 |
| White Course Sand | 15 | 45 |
| Sandy Red Clay | 45 | 90 |
| Soft Blue Clay | 95 | 200 |
| Fine Mort Sand | 200 | 215 |
| Soft Blue Clay | 215 | 315 |
| Hard Blue Clay | 315 | 400 |
| Fine Mort Sand | 400 | 470 |
| Course Water Sand | 470 | 525 |
| Hard Blue Clay | 525 | 640 |
| Fine Mortar Sand | 640 | 670 |
| Course Water Sand | 670 | 700 |
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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) a north arrow.

Landowner Name: Glenn Gordon

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 0-209 10/11/06 Dwight Mason
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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-943
 Elevation: _____

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 10/11/06
Copy information from block on Part I

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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 | Well Location |
|---|--|
| Owner Name: <u>Glenn Gordon</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>13445 Old Hwy, 67</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Biloxi, MS 39530</u> | USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ |
| City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>2</u> T <u>13</u> R <u>10W</u> |
| Telephone No. <u>(228) 392-7578</u> | Distance _____ Direction _____ Nearest Town _____ |
| | _____ Miles _____ of <u>Biloxi</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1 H.P.</u> |
| Date Pump Installed: <u>10/11/06</u> | Setting Depth: <u>105</u> feet |
| Rated Pump Capacity: <u>15</u> Gallons Per Minute | Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>10/11/06</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>105</u> Feet Below Land Surface | Other (specify): <u>Plumb bob</u> |
| Pumping Water Level (B): <u>105</u> Feet Below Land Surface | For flowing well, measured slant in head: <u>N/A</u> feet |
| Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface | Well yielded <u>15</u> GPM with a drawdown of _____ |
| Test Pumping Rate: <u>15</u> Gallons Per Minute | <u>0</u> feet after <u>4</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.
Dwight Mason 0-209 Dwight Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-18
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