

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 12/15/06

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 #: M-947
 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 (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Alice Felsher</u> Mailing Address: <u>114545 Shorecrest Rd</u> <u>Biloxi MS 39532</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>10</u> Twn <u>7S</u> Rng <u>10W</u> Distance _____ Miles Direction _____ Nearest Town _____ of <u>Biloxi</u></p>
<p>Well / Borehole Data</p> <p>Date drilling started: <u>12/14/06</u> Date drilling completed: <u>12/15</u> Hole depth: <u>250'</u> Hole diameter: <u>5"</u> Location of the source of any surface water used for drilling: <u>Shop</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1/2 lb per 1000 gal 89% chlorine</u> Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): <u>N/A</u> Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If driller is not related to water well construction, skip the remainder of this block.</i> Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____ Static Water Level: <u>85</u> feet above or below (circle one) land surface Date measured: _____ Method of Measurement (circle one) steel tape _____ electric tape _____ air line _____ other: <u>plumb bob</u> Well depth: <u>250</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____ Casing length: <u>240</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u> Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.006</u> inches Setting depth: From <u>240</u> feet to <u>250</u> feet Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole <input checked="" type="checkbox"/> Natural Development _____ Other (describe): _____ Top of lap pipe or reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on next page.</p>	

Form: OLWR-SWR-1A

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The sketch below only required for water wells.

If well telescopes show screens on sketch.

Ground Level 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	2
Red Sandy Clay	2	15
Sugar Sand	15	25
Salt Blue Clay	25	150
Hard Blue Clay	150	230
Good H ₂ O sand	230	250

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: _____

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
Print Name of Responsible Licensee and License No.

Date

Dwight Mason
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)

County: Harrison
Permit #: 0-209
Driller: R. Mason
Date completed: 12/15/06
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: M-947
Elevation: _____

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		Well Location	
Owner Name: <u>Alice Felsher</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>114545 Shorecrest Rd</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Biloxi MS 39532</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
City State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>10 T 7S R 10W</u>		
Telephone No. () _____	Distance _____ Miles	Direction _____	Nearest Town <u>Biloxi</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	<input checked="" type="radio"/> Jet	<input type="radio"/> Submersible	Diesel Engine	<input type="radio"/> Gasoline Engine	<input type="radio"/> 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): _____	Date Pump Installed: <u>12/15/06</u>		Horse Power Rating of Motor: <u>1</u>		
Rated Pump Capacity: <u>15</u> Gallons Per Minute			Setting Depth: <u>100</u> feet		
			Number of Stages: <u>14</u>		

Pump Test Data		Method of Measuring Water Level Circle one		
Date Well Tested: <u>12/15/06</u>		Air Line	<input checked="" type="radio"/> Electric Measuring Line	<input type="radio"/> Steel Tape
Static Water Level (A): <u>85</u> Feet Below Land Surface		Other (specify): <u>Plumb bob</u>		
Pumping Water Level (B): <u>85</u> Feet Below Land Surface		For flowing well, measured shut 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 <u>0</u> feet after <u>4</u> hours of pumping		
Test Pumping Rate: <u>15</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 Mason 0-209
Print Name of Pump Installer and License No. (if applicable)

Dwight Mason
Signature of Pump Installer

Form: OLWR-SWR-1B
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