

Harrison
 County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 1/2/06

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 #: N-348
 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>Dupont</u> Mailing Address: <u>Delisle - Kiln Rd</u> <u>Delisle MS</u> City / State / Zip Code Telephone No. () _____</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>_____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>8S</u> Rng <u>13W</u></p> <p>Distance _____ Miles Direction _____ Nearest Town _____ of <u>Delisle</u></p>
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Well / Borehole Data

Date drilling started: 1/1/06 Date drilling completed: 1/2/06 Hole depth: 580 Hole diameter: 5

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 running 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: FEMA Trailers

If a flowing well, method of flow regulation: Valve _____ N/A Other (describe) _____

Static Water Level: 0 feet above or below (circle one) land surface Date measured: 1/2/06

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

Well depth: 580 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____ Enviro Plug

Casing length: 550 feet Casing diameter: 2 3/4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 2 1/4 inches Type of screen: PVC

Screen slot size: 1006 inches Setting depth: From 550 feet to 580 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*

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The sketch below only required for water wells

If well telescopes, show depths 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
Soft Red Clay	2	10
White Sand	10	35
Marsh Muck	25	40
Red Yellow Clay	40	60
Soft Blue Clay	60	210
Fine Water Sand	210	230
Hard Blue Clay	230	235
Fine Water Sand	235	250
Hard Blue Clay	250	520
Fine Water Sand	520	580
Coarse Water Sand	550	590

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: Duport

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.

Print Name of Responsible Licensee and License No. Dwight Mason 0-209

Signature of Licensee Dwight Mason

Date

Signature of Licensee

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 1/2/06
Copy information from Hook on Part I

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 #: N-348
 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>Dupont</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Delisle - Kilis Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Delisle, MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4 1/4 Sec 3 T 8 S R 13 W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles of <u>Delisle</u>

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

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1/2/06</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: _____ Gallons Per Minute	_____ 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
 Print Name of Pump Installer and License No. (if applicable) Dwight Mason
 Signature of Pump Installer