

Harrison

County: Hancock
 Permit #: _____
 Driller: Lyman Well
 Date drilling completed: 9/13/06

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)

Part 2 never received 3/13

For Office Use Only:
 Aquifer: _____
 Well #: N-350
 L. S. Elevation: _____
 E-log #: _____

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>Family Properties LLC</u>	Latitude: <u>30° 22' 51"</u> Longitude: <u>89° 20' 08"</u>
Mailing Address: <u>3702 Hardy Street</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
<u>Hattiesburg MS 39402</u>	<u>NE 1/4 NW 1/4 Sec 6 Twn 8S Rng 13W</u>
City: _____ State: _____ Zip Code: _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>225, 938-1191</u>	_____ Miles _____ of _____

Well Data

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

Date well drilling started: 9/13/06 Date well drilling completed: 9/13/06

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

Static Water Level: 5 feet above or below (circle one) land surface Date measured: 9/13/06

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

Hole depth: 335 Well depth: 330 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 300 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: SAW

Screen slot size: .008 inches Setting depth: From 300 feet to 330 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.

Josh Ladner 0-640
 Print Name of Water Well Contractor and License No.

Josh Ladner
 Signature of Water Well Contractor

RECEIVED

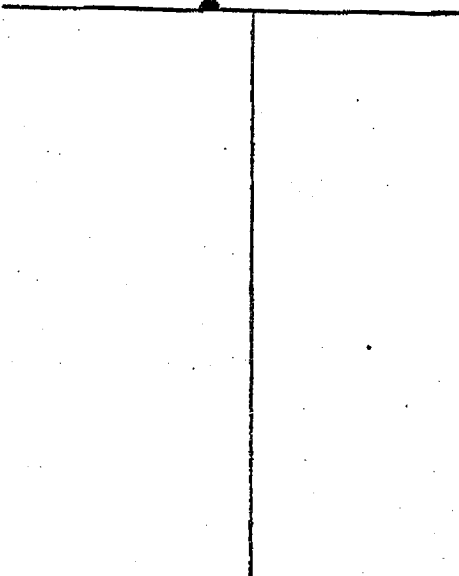
SEP 27 2006
 BY: OLWR

N-350

The sketch below only required for water wells

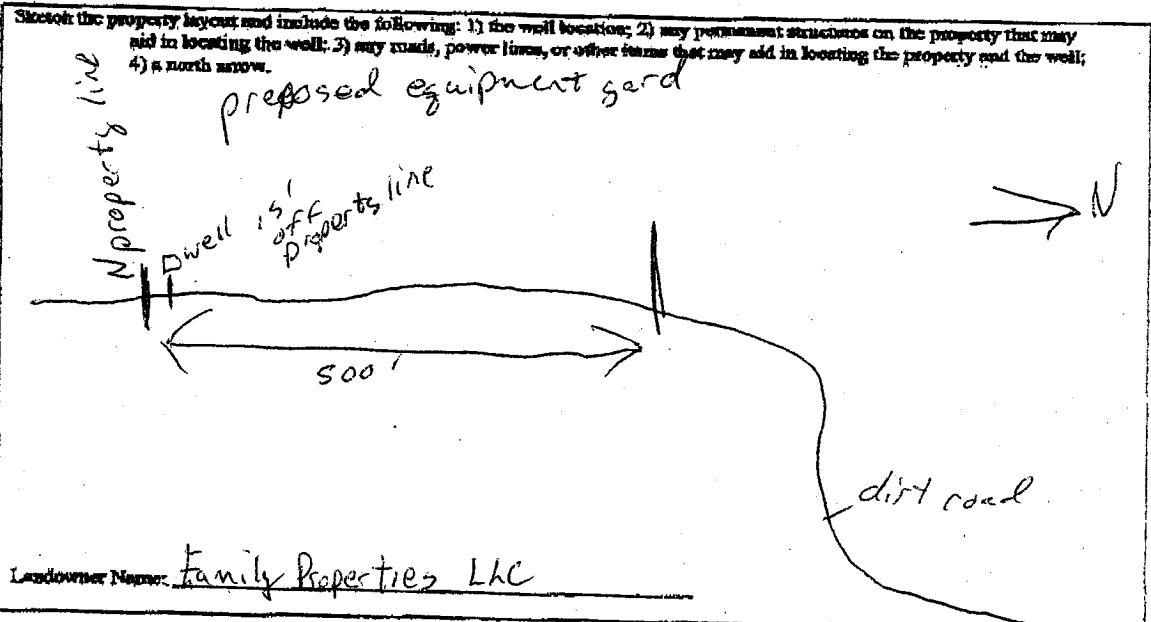
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well intersects, show depths on sketch.
Ground Level _____



Description of Formations Encountered	From (depth)	To (Depth)
14501 clay	Ground Level	40
fine clay	40	250
coarse sand	250	3620

If more than one screen, show location of each on sketch



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.

Josh Ladner 5-6610 9/13/06 Josh Ladner
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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SEP 27 2006
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