

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 #: N-351

L. S. Elevation: _____

E-log #: _____

County: Harrison

Permit #: _____

Driller: Tim Jernigan

Glen Breland

Date drilling completed: 12/28/06

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

Owner Name: Dupont

Mailing Address: 7685 Kiln - Delisle Road

Pass Christian MS 39571
City State Zip Code

Telephone No: (228) 255-2173

Well Location

Latitude: _____° _____' _____" Longitude: _____° _____' _____"

Method of Lat/Long (circle one): Conventional Survey.

USGS quad, Hand-held GPS, Survey-grade GPS

_____ 1/4 _____ 1/4 Sec 4 Twn 8S Rng 13W

Distance _____ Direction _____ Nearest Town _____
4 Miles West of Diamondhead

Well Data

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

Date well drilling started: 11/1/06 Date well drilling completed: 12/28/06

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

Static Water Level: 8-10' feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 23-40 Well depth: 23-40 Well grouted to a depth of 11-20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 13-30 feet Casing diameter: 6 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 6 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From _____ feet to _____ 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.

John M. Matthews #690

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor John M. Matthews

RECEIVED

JAN 08 2007

BY: OLWR

If well telescopes please sketch below and show depths.

[illegible]

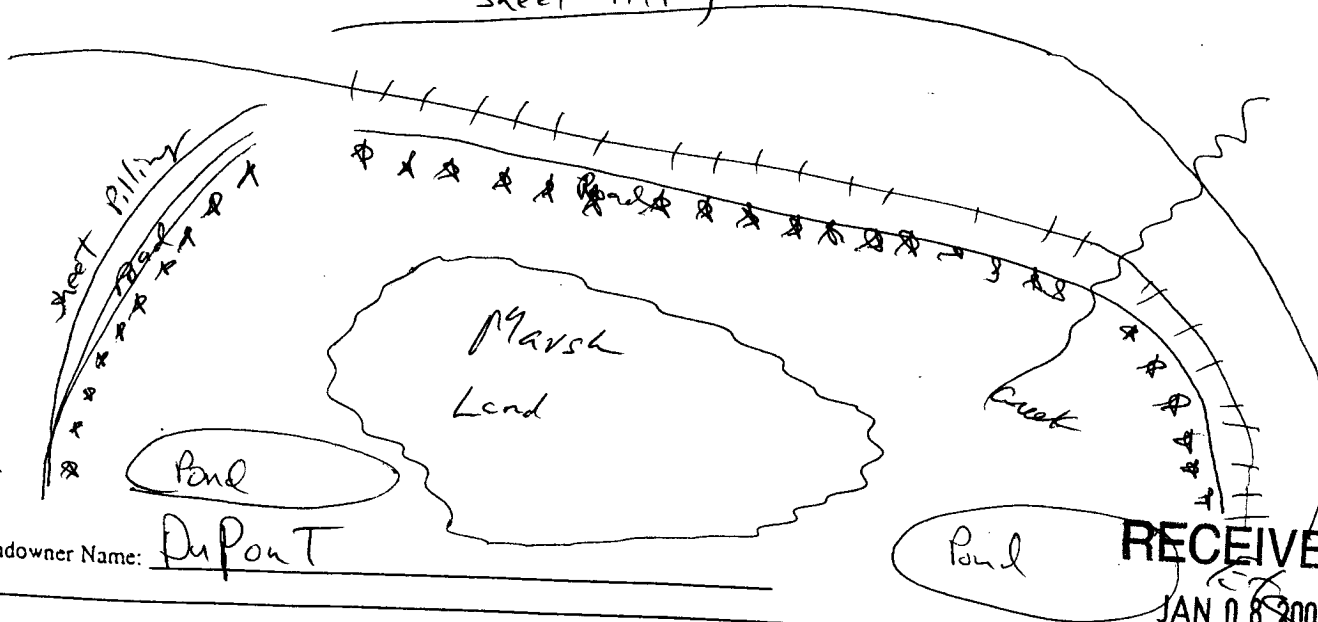
If more than one screen, show location of each on sketch

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.

238 wells in all

Back Bay


Sheet Piling



RECEIVED

JAN 08 2007

BY: OLWR


Signature of Water Well Contractor