

State Well Report

Part I - 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 #: E-122
 L. S. Elevation: _____
 E-log #: _____

County: Stone Jackson
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 8/22/06

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.

Information on Well Owner (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Azalia Homes</u> Mailing Address: <u>21100 Azalea Dr. S.</u> <u>Liggins, MS</u> City State Zip Code Telephone No. <u>(601) 528-5969</u>		Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>12</u> Twn <u>55</u> Rng <u>9W</u> Distance Direction Nearest Town <u>27</u> Miles <u>N</u> of <u>Biloxi</u>	

Well / Borehole Data

Date drilling started: 8/21/06 Date drilling completed: 8/22/06 Hole depth: 450 Hole diameter: 5"

Location of the source of any surface water used for drilling: 5229

Method of dosing and volume of Chlorine used in drilling and development: 1/2 lb per 1000 gal 59% 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: 105 feet above or below (circle one) land surface Date measured: 8/22/06

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

Well depth: 450 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 440 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 440 feet to 450 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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SEP 08 2006
BY: OLWR

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: Stennis 36765.50
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 8/22/06
 Copy information from Module Part I

For Office Use Only:
 Aquifer: _____
 Well #: E-122
 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
 Owner Name: Azalea Homes
 Mailing Address: 2110 Azalea Dr. S.

Wiggins MS
 City State Zip Code
 Telephone No. (601) 528-5969

Well Location
 Latitude: _____ Longitude: _____
 Method of Lat/Long (check one): Conventional Survey

 _____ Sec 12 T S5 R9W
 Distance Direction Nearest Town
27 Miles N of Biloxi

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 8/22/06
 Rated Pump Capacity: 9 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 2
 Setting Depth: 120 feet
 Number of Stages: 3

Pump Test Data
 Date Well Tested: 8/22/06
 Static Water Level (A): 105 Feet Below Land Surface
 Pumping Water Level (B): 105 Feet Below Land Surface
 Drawdown [(B) - (A)]: 0 Feet Below Land Surface
 Test Pumping Rate: 9 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
 Circle one
 Air Line Electric Measuring Line Steel Tape
 Other (specify): Plumb bob
 For flowing well, measured shut in head: N/A feet
 Well yielded 9 GPM with a drawdown of
0 feet after 4 hours of pumping

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-1B

RECEIVED
 SEP 08 2006
 BY: OLWR