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Coastal Drilling

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p. 1

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)

County: Jackson
Permit #: O-209
Driller: R. Mason
Date drilling completed: 11/17/05

For Office Use Only:
Aquifer:
Well #: J-387
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.

Information on Well Owner (Landowner if borehole is not for a water well)
Owner Name: Sally Fountain
Mailing Address: T. Kirby Rest Rd.
Ocean Springs MS 39564
Telephone No.: (228) 8160-9363
Well or Borehole Location
Latitude: Longitude:
Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
1/4 Sec 36 Twn 65 Rng 8W
Distance 3 Miles Direction N of Nearest Town Ocean Springs

Well / Borehole Data
Date drilling started: 11/6/05 Date drilling completed: 11/17/05 Hole depth: 230 Hole diameter: 8.5
Location of the source of any surface water used for drilling: Slap
Method of dosing and volume of Chlorine used in drilling and development: 1/2 gal per 1000 gal
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (check one): Water Well X 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 X Public Supply Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 2 feet above or below land surface Date measured:
Method of Measurement (circle one): steel tape electric tape air line other: plumbing books
Well depth: 230 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 220 feet Casing diameter: 2 3/8 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 2 3/8 inches Type of screen: PVC
Screen slot size: 1.006 inches Setting depth: From 230 feet to 230 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: 10/4 feet If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A

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J-387

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 telescopes, show depths on sketch.

Ground Level →

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Top Soil	0	3
Sand Red Clay	3	15
White Sand	15	55
Light Blue Clay	55	110
Hard Blue Clay	110	210
Coarse Water Sand	210	330

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: Sally Fountain

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 2-223 Date 11/17/05

Signature of Licensee Dwight Mason

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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: Sackson
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 11/17/05
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: J-387
 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>Sally Fountain</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Ikaity Rest Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Ocean Springs, MS 39564</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4 1/4 Sec 36 T. 65 R. 8W</u>
Telephone No. <u>228 860-9363</u>	Distance Direction Nearest Town
	<u>3 Miles N of Ocean Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine 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): _____	Horse Power Rating of Motor: <u>1HP</u>
Date Pump Installed: <u>11/17/05</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/17/05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>22</u> Feet Below Land Surface	<input checked="" type="radio"/> Other (specify): <u>plumb bob</u>
Pumping Water Level (B): <u>8</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>14</u> Feet Below Land Surface	Well yielded <u>7</u> GPM with a drawdown of
Test Pumping Rate: <u>7</u> Gallons Per Minute	<u>0</u> 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 Dwight Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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