

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 #: 0-209
 Driller: R. Mason
 Date drilling completed: 12/31/05

For Office Use Only:
 Aquifer: _____
 Well #: J-388
 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 <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>A.W. Ross</u> Mailing Address: <u>8606 Delancey Rd.</u> <u>Vandeventer MS</u> City State Zip Code Telephone No. <u>(228) 547-5013</u>		Well or Borehole Location Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>14</u> Twn <u>16S</u> Rng <u>8W</u> Distance Direction Nearest Town <u>11</u> Miles <u>N</u> of <u>Ocean Springs</u>	
Well / Borehole Data Date drilling started: <u>12/31/05</u> Date drilling completed: <u>12/31/05</u> Hole depth: <u>470</u> Hole diameter: <u>5</u> Location of the source of any surface water used for drilling: <u>Shop</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1/2 lb per 1000 gal 39% chlorine</u> Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): <u>N/A</u> Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>			
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____ If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____ Static Water Level: <u>100</u> feet above or below (circle one) land surface Date measured: <u>12/31/05</u> Method of Measurement (circle one) steel tape electric tape air line <input checked="" type="checkbox"/> other <u>plumb bob</u> Well depth: <u>470</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix Casing length: <u>460</u> feet Casing diameter: <u>2 3/8</u> inches Type of casing: <u>PVC</u> Screen length: <u>10</u> feet Screen diameter: <u>2 3/8</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.006</u> inches Setting depth: From <u>460</u> feet to <u>470</u> feet Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development <input checked="" type="checkbox"/> Other (describe): _____ Top of lap pipe or reduction in casing: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page</i>			

Form OLWR-SWR-1A

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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: Jackson
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 12/31/05
Copy information from block on Part I

For Office Use Only:
 Aquifer: _____
 Well #: J-388
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attached on both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>A.W. Ross</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8600 Delancey Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Honolulu, MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>14</u> T. <u>65</u> R. <u>8W</u>
Telephone No. <u>(228) 547-5013</u>	Distance Direction Nearest Town
	<u>11</u> Miles <u>N</u> of <u>Ocean Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2HP</u>
Date Pump Installed: <u>12/31/05</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/31/05</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>100</u> Feet Below Land Surface	<input checked="" type="radio"/> Other (specify): <u>plumb bob</u>
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>9</u> GPM with a drawdown of
Test Pumping Rate: <u>9</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
 Print Name of Pump Installer and License No. (if applicable)

Dwight Mason
 Signature of Pump Installer

Form: OLWR-SWR-1B

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