

Part 2 never received 3/13

County: Itasca Jackson  
 Permit #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 7/25/06

**State Well Report**  
**Part 1 - 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 #: J-426  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Mr. Garlatte</u>        Mailing Address: <u>1530 Wilson Rd</u>  <u>Biloxi, MS 39532</u>        City State Zip Code        Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>30° 33' 09"</u> Longitude: <u>88° 52' 22"</u>        Method of Lat/Long (circle one): <u>Conventional Survey</u>,        USGS quad, Hand-held GPS, Survey-grade GPS        SW 1/4 NE 1/4 Sec <u>3</u> Twn <u>6S</u> Rng <u>9W</u>        Distance Direction Nearest Town  <u>10</u> Miles <u>N</u> of <u>Osborneville</u></p>
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**Well / Borehole Data**

Date drilling started: 7/24/06 Date drilling completed: 7/25/06 Hole depth: 220 Hole diameter: 5  
 Location of the source of any surface water used for drilling: Shop  
 Method of dosing and volume of Chlorine used in drilling and development: 1/2 lb per 1000 gal 3950 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: 65 feet above or below (circle one) land surface Date measured: 7/25/06  
 Method of Measurement (circle one) steel tape electric tape air line other: plumb bob  
 Well depth: 220 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 210 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 210 feet to 220 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*

Form: OLWR-SWR-1A

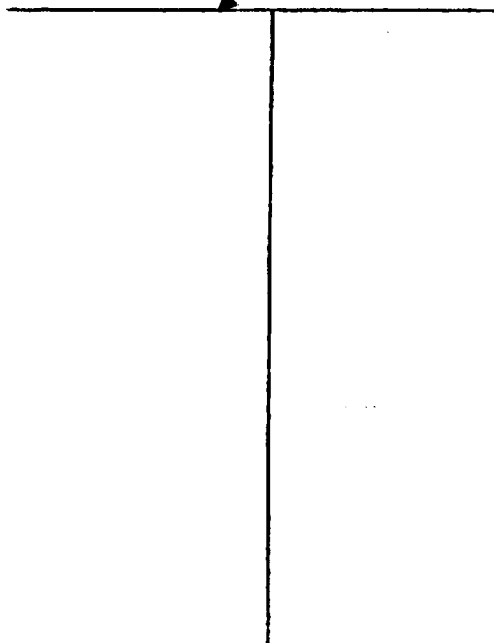
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J-426

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level →



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

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Top Soil	0	3
Sandy Red Clay	3	15
White Sand w/ Caliche	15	37
Salt Blue Clay	37	190
Fine Wet or Saturated	190	200
Coarse Water sand	200	220

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: Mr. Carlotta

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 6-009

Date 7/25/06

Signature of Licensee Dwight Mason

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