

County: Jackson
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 1-5-07

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-451
 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>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Joel W. Hasse</u> Mailing Address: <u>14920 Old Biloxi Rd</u> <u>Ocean Springs MS 39565</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/2 Sec. <u>3</u> Twn <u>6S</u> Rng <u>9W</u> Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>North</u> of <u>Lattimore</u></p>
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Well / Borehole Data
 Date drilling started: 1/4/07 Date drilling completed: 1/5/07 Hole depth: 620' 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. 39% 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: 60 feet above or below (circle one) land surface Date measured: 1-5-07
 Method of Measurement (circle one) steel tape electric tape air line other: plumb bob
 Well depth: 620 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 610 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 610 feet to 620 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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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)

For Office Use Only:

Aquifer: _____

Well #: J-451

Elevation: _____

County: Jackson

Permit #: 0-209

Driller: R. Mason

Date completed: 1-5-07

Copy information from block on Part I

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: Joel W. Hasse

Mailing Address: 14920 Old Biloxi Rd

Ocean Springs MS 39565
 City State Zip Code

Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (check one): Conventional Survey _____

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

_____ 1/4 _____ 1/4 Sec 3 T. 6S R. 9W

Distance Direction Nearest Town

2 Miles North of Lattimore

Pump Type Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 1-5-07

Rated Pump Capacity: N/A 7 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: 1

Setting Depth: 80 feet

Number of Stages: N/A 2

Pump Test Data

Date Well Tested: 1-5-07

Static Water Level (A): 60 Feet Below Land Surface

Pumping Water Level (B): 60 Feet Below Land Surface

Drawdown [(B) - (A)]: 0 Feet Below Land Surface

Test Pumping Rate: 7 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 7 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
 Print Name of Pump Installer and License No. (if applicable)

Dwight Mason
 Signature of Pump Installer

Form: OLWR-SWR-1B

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