

County: Jackson
 Permit #: 0-652
 Driller: R. Mason
 Date drilling completed: 4/25/07

State Well Report
 Part 1

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-467
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|-------------------------------------------|---------------------------------------------------------------|
| Owner Name: <u>Jack Tiblier</u> | Latitude: <u>30° 53' 16" N</u> Longitude: <u>88° 7' 12" W</u> |
| Mailing Address: <u>7280 Ft. Bayou Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Ocean Springs MS</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>39534</u> | _____ 1/4 _____ 1/4 Sec <u>12</u> Twn <u>6S</u> Rng <u>8W</u> |
| City State Zip Code | Distance _____ Miles Direction _____ of <u>Ocean Springs</u> |
| Telephone No. <u>228. 861. 6947</u> | |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 4/24/07 Date well drilling completed: 4/25/07

If flowing, method of flow regulation: Valve N/A Other (describe) _____

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 4/25/07

Method of Measurement (circle one) steel tape electric tape air line other: Plumb Bob

Hole depth: 250 Well depth: 250 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 235 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 006 inches Setting depth: From 235 feet to 250 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Ronald D Mason 0-652 X Ronald D Mason
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 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)

For Office Use Only:

Aquifer: _____

Well #: J-467

Elevation: _____

County: Jackson
 Permit #: 0-652
 Driller: R. Mason
 Date completed: 4/25/07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Owner Name: <u>Jack Tublier</u> | Latitude: <u>30.5386N</u> Longitude: <u>88.7412W</u> |
| Mailing Address: <u>7280 Ft. Bayou</u> <u>Ocean Springs MS</u> <u>39534</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | Distance _____ Miles Direction _____ Nearest Town: <u>Ocean Springs</u> |
| Telephone No. <u>228. 861. 6947</u> | |

| Pump Type Circle one | Power Type Circle one |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Air Lift: Jet <input type="radio"/> Submersible <input checked="" type="radio"/> | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> |
| Bucket: Piston <input type="radio"/> Turbine <input type="radio"/> | Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal: Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill <input type="radio"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3</u> |
| Date Pump Installed: <u>4/25/07</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>50</u> Gallons Per Minute | Number of Stages: <u>8</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Date Well Tested: <u>4</u> | Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>80</u> Feet Below Land Surface | Other (specify): <u>Plumb Bob</u> |
| Pumping Water Level (B): <u>80</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface | Well yielded <u>50</u> GPM, with a drawdown of |
| Test Pumping Rate: <u>50</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.
Ronald D. Mason 0-652 Ronald D. Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 AUG 15 2007
 BY: OLIVE