

County: Jackson
 Permit #:
 Driller: R. Mason
 Date drilling completed: 8-13-04

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 #: N-871
 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>Kym Whyan</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS	
Mailing Address: <u>6711 Old Fort Bayou Rd + Washburn</u>	_____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>75</u> Rng <u>9W</u>		
<u>Ocean Springs</u>	Distance: <u>12</u> Miles	Direction: <u>N</u>	Nearest Town: <u>Ocean Springs</u>
City: _____ State: <u>MS</u> Zip Code: _____			
Telephone No. <u>228 669-8090</u>			

Well Data

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

Date well drilling started: 8-13-04 Date well drilling completed: 8-13-04

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 8-13-04

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

Hole depth: 240 Well depth: 230 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 230 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 230 feet to 240 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: _____ 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.

Dwight Mason 0-209
 Print Name of Water Well Contractor and License No.

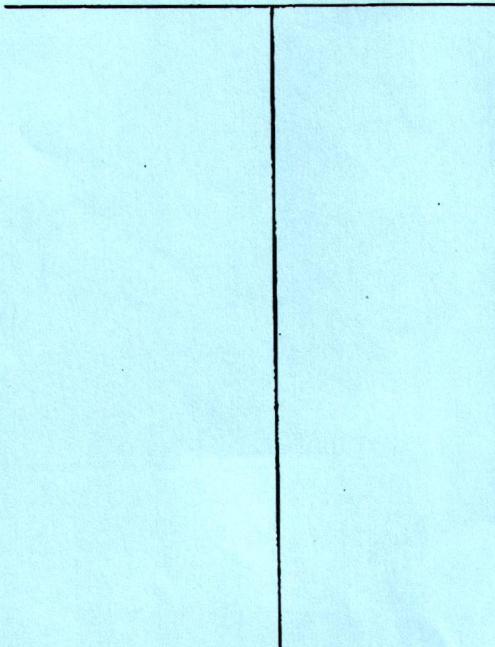
Dwight Mason
 Signature of Water Well Contractor

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N-871

If well telescopes please sketch below and show depths.

Ground Level

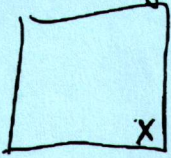


Description of Formations Encountered	From	To
TOP	1	20
Red clay	20	40
clay	40	110
White sand	110	170
blue clay	170	200
Hard clay fine sand	200	230
Coarse sand	230	240

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) indicate direction.

Front Right Corner of land
when facing house



Landowner Name: Kym Whyan

Ozzy Nelson
Signature of Water Well Contractor

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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 #: _____
 Driller: B. Mason
 Date completed: 8-13-04

For Office Use Only:
 Aquifer: _____
 Well #: N-871
 Elevation: _____

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>Kym Whyte</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6711 Old Fort Cayne</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>+ Washington</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>O.S. MS</u>	<u>1/4 1/4 Sec 13 Twn 25 Rng 9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601-669-9090</u>	<u>1/2 Miles N of Ocean Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input 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>1 HP</u>
Date Pump Installed: <u>8-13-04</u>	Setting Depth: <u>90</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>8-13-04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): <u>Plam Bob</u>
Pumping Water Level (B): <u>90</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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>8-13-04</u> Gallons Per Minute	
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 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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