

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-896
L. S. Elevation: _____
E-log #: _____

County: Jackson 059
Permit #: MSGW 16175
Driller: Josh
Date drilling completed: 3/11/05

Lyman Well Company

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>SWEET Bay Golf Club LLC</u>	Latitude: <u>30.28.14</u> " Longitude: <u>88.44.05</u> "
Mailing Address: _____ <u>P.O. Box 309</u> <u>Biloxi, MS 39533</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ____ 1/4 ____ 1/4 Sec <u>1</u> Twn <u>7S</u> Rng <u>8W</u>
Telephone No. (____) _____	Distance Direction Nearest Town ____ Miles ____ of _____

Well Data

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

Date well drilling started: 3/7/05 Date well drilling completed: 3/11/05

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

Static Water Level: 79.5 feet above or below (circle one) land surface Date measured: 3/25/05

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

Hole depth: 402 Well depth: 400 Well grouted to a depth of 350 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 350 feet Casing diameter: 10 inches Type of casing: steel

Screen length: 50 feet Screen diameter: 10 inches Type of screen: SS wrap on rod

Screen slot size: .012 inches Setting depth: From 350 feet to 400 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.

Josh Kadner 0-640
Print Name of Water Well Contractor and License No.

Josh Kadner Lyman Well
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 #: MSGW 16175
 Driller: Lynan Well
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: N-896
 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>Sweet Bay Golf Club LLC</u>	Latitude: <u>30 28 14</u> Longitude: <u>88 44 05</u>
Mailing Address: <u>P.O. Box 309</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Biloxi MS 39533</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>1</u> Twn <u>75</u> Rng <u>8W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand Tractor PTO <input type="radio"/>
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40HP</u>
Date Pump Installed: <u>4/28/05</u>	Setting Depth: <u>189'</u> feet
Rated Pump Capacity: <u>800</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u> <input type="radio"/>
Static Water Level (A): <u>79</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>800</u> Gallons Per Minute	_____ feet after _____ 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.

William J Ledner 0-6410 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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