

### 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)

County: Jackson  
 Permit #: 0-652  
 Driller: R. Mason  
 Date drilling completed: 6/28/07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: N-1017  
 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>Richard Baudry</u>          Mailing Address: <u>10600 Dairy Ln</u>  <u>Ocean Springs, MS</u>  <u>39564</u>          City State Zip Code          Telephone No: <u>228.872.0977</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>30.4283N</u> Longitude: <u>88.7857W</u>  <u>25 42</u> <u>47 09</u>          Method of Lat/Long (circle one): <u>Conventional Survey</u>          USGS quad, Hand-held GPS, Survey-grade GPS          _____ 1/4 _____ 1/4 Sec <u>16</u> Twn <u>7S</u> Rng <u>8W</u>          Distance _____ Miles _____ Direction _____ of _____  <u>Nearest Town</u>  <u>Ocean Springs</u></p>
<p><b>Well / Borehole Data</b></p>	
<p>Date drilling started: <u>6/27/07</u> Date drilling completed: <u>6/28/07</u> Hole depth: <u>220'</u> Hole diameter: <u>7 1/2"</u></p> <p>Location of the source of any surface water used for drilling: <u>Shop</u>          Method of dosing and volume of Chlorine used in drilling and development: <u>1/2 lb. per 1000 lb. 89% chlorine</u></p> <p>Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____          Name of organization running log(s): _____</p> <p>Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____          Seismic Survey _____ Other (describe) _____  <i>If drilling is not related to water well construction, skip the remainder of this block</i></p>	
<p>Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____          If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____          Static Water Level: <u>80</u> feet above or below (circle one) land surface Date measured: <u>6/28/07</u>          Method of Measurement (circle one) steel tape electric tape air line other: <u>Plumb Bob</u>          Well depth: <u>220</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix          Casing length: <u>210</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>          Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>          Screen slot size: <u>.006</u> inches Setting depth: From <u>210</u> feet to <u>220</u> feet          Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>          Other (describe): _____          Top of lap pipe or reduction in casing: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

*N-1017*

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	3
Red Sandy Clay	3	15
Course Sand	15	40
Soft Blue Clay	40	210
Course H <sub>2</sub> O Sand	210	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) indicate direction.

---

Landowner Name: \_\_\_\_\_

*[Signature]*  
 \_\_\_\_\_  
 Signature of Water Well Contractor

### 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 #: 0-652  
 Driller: R. Mason  
 Date completed: 6/28/07  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: N-1017  
 Elevation: \_\_\_\_\_

*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	Well Location
Owner Name: <u>Richard Baudry</u>	Latitude: <u>30.4283N</u> Longitude: <u>88.7857W</u>
Mailing Address: <u>10600 Dairy Ln</u> <u>Ocean Springs, MS</u> <u>39564</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. <u>228. 872. 0977</u>	Distance _____ Miles Direction _____ Nearest Town <u>Ocean Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>6/28/07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/28/07</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>Plumb</u>
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of _____
Test Pumping Rate: <u>15</u> Gallons Per Minute	_____ feet after <u>2</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 - 0652 Print Name of Pump Installer and License No. (if applicable)      Ronald D Mason Signature of Pump Installer