

Jackson

County: Harrison

Permit # : _____

Driller: Griner Drilling Service

Date drilling completed: 1/3/2007

Well Driller Report and Well 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 # : M-951 N-1040

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>Sprint</u> | Latitude: _____ " Longitude: _____ " |
| Mailing Address: <u>14604 Stenum Street</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Biloxi, MS 39532</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City <u>Biloxi</u> State <u>MS</u> Zip Code <u>39532</u> | nw <u>1/4</u> nw <u>1/4</u> Sec <u>12</u> Twn <u>7s</u> Rng <u>9w</u> |
| Telephone No. <u>228-388-2256</u> | Distance <u>4</u> Miles Direction <u>north</u> of <u>ocean springs</u> |

Well Data

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

Date well drilling started: 12/11/2006 Date well drilling completed: 1-3-07

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

Static Water Level: 36 feet above or (below) (circle one) land surface Date measured: 1-3-07

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

Hole depth: 360 Well depth: 145 Well grouted to a depth of 100 feet

Type of grout (circle one) Cement Bentonite (Mix)

Casing length: 125 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: sawed

Screen slot size: 0.008 inches Setting depth: From 125 feet to 145 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: 0 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): Griner Drilling Service, Inc.

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.

Griner Drilling Service, Inc. 0-581
 Print Name of Water Well Contractor and License No. _____

Chad H. [Signature]
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Harrison

Permit #: _____

Driller: Griner Drilling Service

Date Completed: 1/9/2007

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 #: M-951

Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department with 30 days of the installation of pump. A copy of Part 1 of this report must be attached to the report.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>Sprint</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>14604 Stenum Street</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Biloxi, MS 39532</u> | nw <u>1/4</u> nw <u>1/4</u> Sec <u>12</u> Twn <u>7s</u> Rng <u>9w</u> |
| City: _____ State: _____ Zip Code: _____ | Distance: _____ Direction: _____ Nearest Town: _____ |
| Telephone No.: <u>228-388-2256</u> | <u>4</u> Miles <u>north</u> of <u>Ocean Springs</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift: <u>Jet</u> (Submersible) | Diesel Engine Gasoline Engine Natural Gas |
| Bucket: <u>Piton</u> Turbine | (Electric Motor) Hand Tractor PTO |
| Centrifugal: <u>Rotary</u> Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>1/3/2007</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons per minute | Number of Stages: <u>12</u> |

| Pump Test Data | Method of Measuring Water Level Circle One |
|--|---|
| Date Well Tested: <u>1/9/2007</u> | Air Line (Electric Measuring Line) Steel Tape |
| Static Water Level (A): <u>36</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>48</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ |
| Drawdown ((B) - (A)): <u>12</u> Feet Below Land Surface | Well yielded <u>11</u> GPM with a drawdown of _____ |
| Test Pumping Rate: <u>11</u> Gallons Per Minute | <u>12</u> feet after <u>4</u> hours of pumping |
| Duration of Pump test (minimum 4 hours): <u>4</u> hours | |

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 BY: OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Griner Drilling Service, Inc. 0-581
 Print Name of Pump Installer and License No. (if applicable)

Chad H. [Signature]
 Signature of Pump Installer