

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells Serv
 Date drilling completed: 9-6-13

For Office Use Only:

Well #: Ø 600
 Aquifer: _____
 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.

| Well Owner Information <small>(Landowner if borehole is not for a water well)</small> | Well or Borehole Location |
|--|---|
| Owner Name: <u>Gulf Breeze Landscaping</u> | Latitude: <u>30° 23' 51.00"</u> Longitude: <u>088° 38' 51.36"</u> |
| Mailing Address: <u>3201 Old Spanish Trail</u> | Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Gautier, MS 39553</u> | USGS quad _____, NW <input checked="" type="checkbox"/> NW <input checked="" type="checkbox"/> Sec <u>36</u> T <u>75</u> R <u>7W</u> |
| City: _____ State: _____ Zip Code: _____ | <u>1W</u> Miles _____ of <u>Gautier</u> |
| Telephone No. <u>601-497-3356</u> | (Distance) (Direction) (Nearest Town) |

Well / Borehole Data

Date drilling started: 9-6-13 Date drilling completed: 9-6-13 Hole depth: 248 FT Hole diameter: 2

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: 1 gal. per drilling - 2 gal. in well

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

Name of organization running log(s): _____

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): lawn care

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

Static Water Level: 20 feet (above or below) land surface (circle one) Date measured: 9-6-13

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe) _____

Well depth: 248' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 238 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 238 feet to 248 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of tap pipe or reduction in casing: N/A feet

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If telescoped or more than one screen, describe on next page

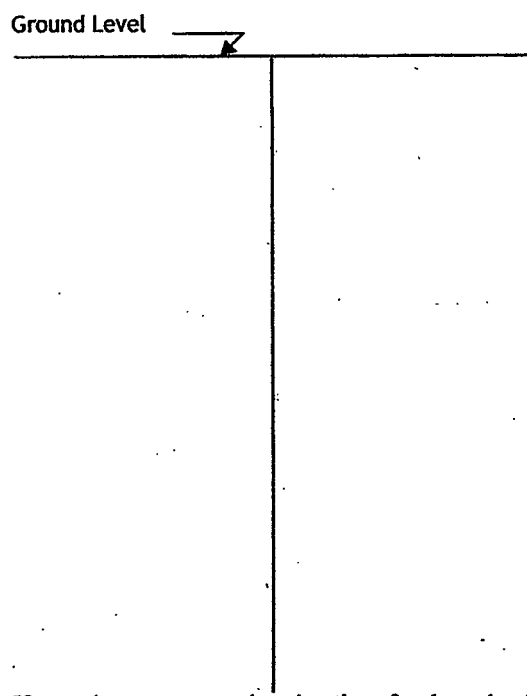
County: Jackson
 Permit #: _____

For Office Use Only:
 Well #: φ600

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

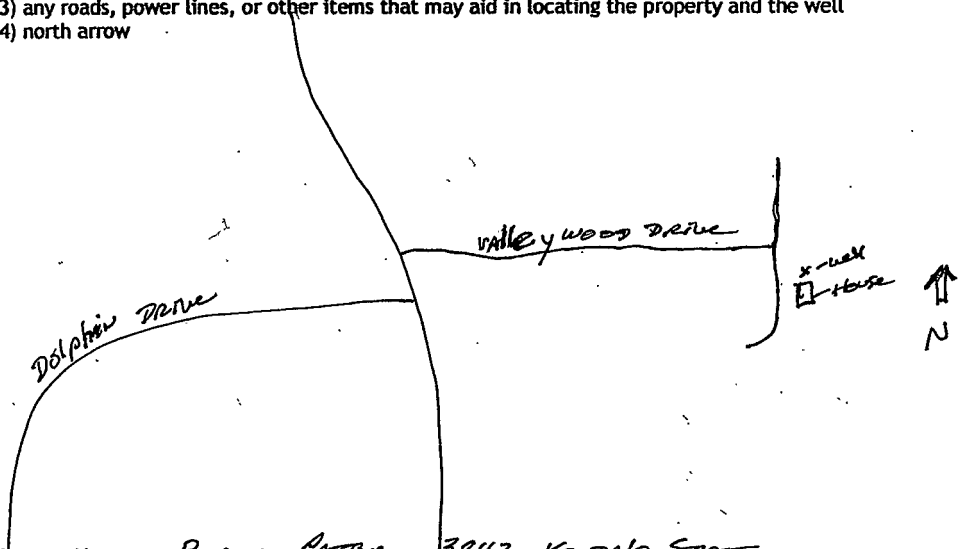
If well telescopes, show depths on sketch.



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Top Soil | Ground level | 2 |
| Gray Clay w/ streaks of Sand | 2 | 85 |
| Blue clay | 85 | 197 |
| White coarse Sand | 197 | 248 |
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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) north arrow



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Landowner Name: Byron Patton 3842 Kendale Street

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

Jack Riddell 0-472 9/11/13 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee