

County: Stone
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 10/4/06

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)

For Office Use Only:
 Aquifer: _____
 Well #: M-37
 I. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the licensee 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Todd Husley</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>53231 CCC Camp Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Perkinston MS</u>	_____ 1/4 _____ 1/4 Sec <u>18</u> Twn <u>4S</u> Rng <u>9W</u>
City State Zip Code	Distance <u>35</u> Direction _____ Nearest Town _____ <u>0</u> Miles <u>N</u> of <u>Dillon</u>
Telephone No. <u>(228) 334-0790</u>	

Well / Borehole Data

Date drilling started: 10/3/06 Date drilling completed: 10/4/06 Hole depth: 250' Hole diameter: 5"

Location of the source of any surface water used for drilling: Shop

Method of dosing and volume of Chlorine used in drilling and development: 1/2 lb per 1000 gal 59 ppm chlorine

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

Name of organization running log(s): N/A

Purpose of borehole (check 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 (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

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

Static Water Level: 85' feet above or below (circle one) land surface Date measured: 10/4/06

Method of Measurement (circle one) steel tape electric tape air line other plumb bob

Well depth: 250' Well grouted to a depth of 15' feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 240' 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 240 feet to 250 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: N/A feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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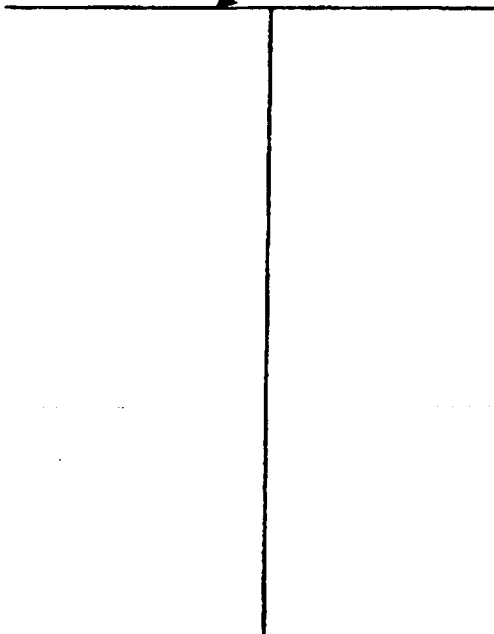
M-37

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level

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



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Top Soil	0	3
Sandy Red Clay	3	25
Coarse White Sand	25	45
Soft Blue Clay	45	100
Hard Blue Clay	100	200
Fine H ₂ O Sand	200	215
log Coarse H ₂ O Sand	215	250

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) a north arrow.

Landowner Name: Todd Husley

Form: OLWR-SWR-1A

I 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.

Dwight Mason 0-209 10/1/06 Dwight Mason
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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: Stone
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 10/4/06
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: M-37
 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>Todd Husley</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>53231 CCC Camp Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Perkinson MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>18</u> T <u>4S</u> R <u>9W</u>
Telephone No. <u>(228) 234-0790</u>	Distance _____ Direction _____ Nearest Town _____
	<u>2.5</u> Miles <u>N.</u> of <u>Biloxi</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2HP</u>
Date Pump Installed: <u>10/4/06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/4/06</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>85</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>9</u> GPM with a drawdown of _____
Test Pumping Rate: <u>9</u> Gallons Per Minute	_____ feet after <u>4</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.

Dwight Mason 0-209 Dwight Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 Form: OLWR-SWR-1B

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