

County: HANCOCK

Permit #: MS-610-16560

Driller: LAYNE-CENTRAL

Date drilling completed: 1/26/09

Well Driller Report and Well Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P. O. Box 2309
 Jackson, MS 39225-2309
 (601) 961-5210
 (601) 354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: E 169

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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>DIAMONDHEAD WATER & SEWER DIST.</u>	Latitude: <u>30 ° 24 ' 53 "</u> Longitude: <u>89 ° 21 ' 09 "</u>
Mailing Address: <u>4425 PARK TEN DRIVE</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>DIAMONDHEAD</u> MS <u>39525</u>	USGS quad, <input type="radio"/> Hand-Held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>NE ¼ NW ¼</u> Sec <u>36</u> Twn <u>88</u> Rng <u>14W</u>
Telephone No. (<u>228</u>) <u>255-5813</u>	Distance Direction Nearest Town
	<u>2000'</u> Miles <u>NORTH</u> of <u>E. T. GOLF CLUB DR</u>

Well / Borehole Data

Date drilling started: 10/30/08 Date well drilling completed: 1/26/09 Hole Depth: 1740' Hole diameter: 23"

Location of the source of any surface water used for drilling: DIAMONDHEAD WATER & SEWER DISTRICT

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

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

Name of organization running log(s): LAYNE-CENTRAL, JACKSON, MS

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

Static Water Level: 14 feet above or below (circle one) land surface Date measured: 2/18/09

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

Well depth: 1740' Well grouted to a depth of: 1625' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1625 feet Casing diameter: 16" - 18 inches Type of casing: STEEL

Screen length: 100 feet Screen diameter: 10 inches Type of screen: STAINLESS

Screen slot size: 0.025 inches Setting depth: From 1635 feet to 1735 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: 1522 feet. *If telescoped or more than one screen, describe on next page.*

Form: OLWR-SWR-1A
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WELL #4

State Well Report

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P. O. Box 2309
 Jackson, MS 39225-2309
 (601) 961-5210
 (601) 354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: 0169

Elevation: _____

County: HANCOCK
 Permit #: MS-GW-16560
 Driller: LAYNE-CENTRAL
 Date Completed: 1/26/09

Copy information from block on Part 1

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>DIAMONDHEAD WATER & SEWER DIST.</u>	Latitude: <u>30° 24' 53</u> Longitude: <u>89° 21' 09</u>
Mailing Address: <u>4425 PARK TEN DRIVE</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>DIAMONDHEAD MS 39525</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NW 1/4</u> Sec <u>36</u> T <u>7S</u> R <u>14W</u>
Telephone No. (<u>228</u>) <u>255-5813</u>	Distance Direction Nearest Town
	<u>2000'</u> Miles <u>NORTH</u> of <u>E.T. GOLF CLUB DR</u>

Pump Type Circle One	Power Type Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>4/9/2009</u>	Setting Depth: <u>115</u> feet
Rated Pump Capacity <u>1820</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>7/23/09</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>18</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>55</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>37</u> Feet Below Land Surface	Well yielded <u>1820</u> GPM with a drawdown of
Test Pumping Rate: <u>1820</u> Gallons Per Minute	<u>37</u> 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.

DAVE COOK

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Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer



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BY: OLWR