County: <u>HANCOCK</u> Permit #: Driller: <u>NCCR14E UELL</u> Date drilling completed: <u>12-12-07</u>	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:
Department at the above address Information on Well (Landowner if borehole is not, Owner Name Mailing Address: 6046 & Day of Fhy	for a water well) Latitude: Latitude: Latitude: Method of Lat/Long (circle USGS quad. Hand-he USGS quad. Hand-he Latitude: USGS quad. Hand-he Latitude: Latitude: USGS quad. Hand-he Latitude: Latitude: Latitude: USGS quad. Hand-he Latitude: Latitude: USGS quad. Hand-he Latitude: Latitude: USGS quad. Hand-he Latitude: Latitude: Latitude: Latitude: Latitude: Latitude: Latitude: USGS quad. Hand-he Latitude: L	<i>ell or borehole.</i> Borehole Location
Location of the source of any surface wa Method of dosing and volume of Chlori Logs run (circle all applicable): <u>No log r</u> Name of organization running log(s): Purpose of borchole (check one): Water V	Hrilling completed <u>D 10 07</u> Hole depth: <u>120</u> Her used for drilling: <u>HANCOCH</u> <u>Count</u> ne used in drilling and development: <u></u> <u>un</u> Electric Gamma Ray Density Sonic Neutron Well Geotechnical Geological Investigation Grou Survey Other (<i>describe</i>)	Other:
If drilling is not relate Purpose of Well (check one): Home If If a flowing well, method of flow regulate Static Water Level: 1 Z feet a Method of Measurement (circle one) If Well depth: If Well grouted to a c Casing length: 10 feet Screen length: IC feet Screen slot size: COC inches	ad to water_well construction, skip the remainder of this IndustrialPublic SupplyIrrigationFish Cultur ion: ValveOther (describe) above of below (circle one) land surface Date measure steel tape electric tape air line other: lepth of feet Type of grout (circle one): Neat C sing diameter: inches Type of casing:	reOther: d: $12 \cdot 12 \cdot 07$ ement Bentonite Mix PVC PVC PVC $12 \cdot 0$ feet
	Other (describe):	·

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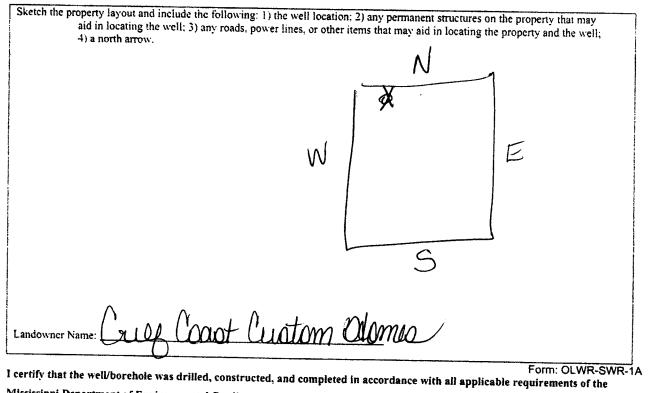
The sketch below only required for water wells

The second of the required for which wents	wells and boreholes, uni
If well telescopes, show depths on sketch. Ground Level	Description of Formations I
	MUD
	sani
	B.CIA
	SAN
	······

Description of formations encountered must be provided for all less specifically exempted by regulations

From (depth)	To (depth)
Ground Level	
D	20
20	100
LO	90
90	130
1	1
1	
1	
1	
1	-
1	
+	
+	
+	
+	
	Ground Level

If more than one screen, show location of each on sketch



Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Date

Print Name of Responsible Licensee and License No.

Signature of Licensee

JAN 2 2 2008 BY: OLWR

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STATE WELL REPORT				
Permit #:	Part 2 r's Completion Report ent of Environmental Quality 1 and Water Resources . Box 10631 MS 39289-0631 1)961-5210 854-6938 (fax) For Office Use Only: Aquifer: Well #: 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.				
Owner Name: Cull COAst Custom Clum	Well Location			
Mailing Address: 6096 6. Clay Dt Bay St Mule, MS City State Zip Code Telephone No. 208, 255-7626	Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 14 14 Sec17 R14 Distance Direction Nearest Town			
Pump Type Circle one	Power Type Circle onc			
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify): Date Pump Installed: 17-18-07 Rated Pump Capacity: Gallons Per Minute	Horse Power Rating of Motor:			
Pump Test Data	Method of Measuring Water Level Circle one			
Date Well Tested:	Air Line Electric Measuring Linc Steel Tape Other (specify):			
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours	Well yieldedGPM with a drawdown offeet afterhours of pumping			
LHEREBY CERTIFY that the above statements are true to the best <u>ROBENT</u> NECHEL 0-(060 Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer Form: OLWR-SWR-1B JAN 2 2 2008 BY: OLWF			

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