

County Hancock  
 Permit # \_\_\_\_\_  
 Driller Elmer  
 Date drilling completed 2-21-08

**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 # K-748  
 I.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>C.H. Coast Cont Group LLC</u>	Latitude: <u>30° 17' 50.3"</u> Longitude <u>089° 26' 45.1"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, <u>27</u>
<u>1200 Beach Blvd, Suite 404</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Gulfport</u> <u>MS</u>	<u>Sw 1/4</u> <u>Nw 1/4</u> Sec <u>6</u> Twn <u>9S</u> Rng <u>14W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>6189</u> <u>Tawamba</u>

**Well Data**

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

Date well drilling started: 2-21-08 Date well drilling completed: 2-21-08

If flowing, method of flow regulation: Valve  Other (describe) \_\_\_\_\_

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 2-21-08

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

Hole depth: 115 Well depth: 110 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: sch 40°

Screen length: 10 feet Screen diameter: 4 inches Type of screen: sch 40°

Screen slot size: .01 inches Setting depth: From 100 feet to 110 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:  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):

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.

Elmer 0793  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

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 MAR 25 2008  
 BY: OLWR

If well telescopes please sketch below and show depths

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 hancock  
 Permit # \_\_\_\_\_  
 Driller Elmer  
 Date completed 2-21-08

For Office Use Only:  
 Aquifer \_\_\_\_\_  
 Well # K-748  
 Elevation \_\_\_\_\_

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

Well Owner Information	Well Location
Owner Name: <u>Gulf Coast Const Group</u>	Latitude: <u>30°17'50.3"N</u> Longitude: <u>089°26'45.1"W</u>
Mailing Address: <u>1200 Beach ms, suit 904</u> <u>Gulfport ms</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS ____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng ____
Telephone No. ( _____ ) _____	Distance _____ Direction _____ Nearest Town _____ ____ Miles _____ of <u>Idawamba</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>2-22-08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-22-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>20</u> Gallons Per Minute	_____ feet after _____ 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.

BR 0-793 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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MAR 25 2008

BY: OLWR

