

County hancock
 Permit # _____
 Driller Emer
 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-749
 L. 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>Gulf Coast Cont Group</u>	Latitude: <u>30° 17' 22.6" N</u> Longitude: <u>089° 26' 07.3" W</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, <u>13</u>
<u>1200 Beach Blvd suite 904</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Gulfport MS</u>	<u>NW 1/4 SE 1/4 Sec 6</u> Twn <u>9S</u> Rng <u>14W</u>
City State Zip Code	Distance _____ Miles Direction _____ of Nearest Town _____
Telephone No. (____) _____	<u>6206 newton water</u>

Well Data

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

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

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

Static Water Level: 20 feet above below (circle one) land surface Date measured: 2-21

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: 101 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.

Emer 0793 [Signature]
 Print Name of Water Well Contractor and License No. 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-749
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 Coal, group</u>	Latitude: <u>30° 17.226 N</u> Longitude: <u>089 26.073 W</u>
Mailing Address: <u>1200 Beach Blvd Route 904</u> <u>Gulfport MS</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng ____
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ ____ Miles of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>2-22-08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ 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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>20</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>5</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

Elmer 0793
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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MAR 25 2008

BY: OLWR