

County Hancock  
 Permit # \_\_\_\_\_  
 Driller Elmer  
 Date drilling completed 2-20-08

### 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-750  
 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.

<b>Well Owner Information</b> Owner Name <u>Gulf Coast Cont Group</u> Mailing Address: _____ <u>1200 Beach Blvd, suite 904</u> <u>Gulfport</u> <u>MS</u> City State Zip Code Telephone No. ( ) _____		<b>Well Location</b> Latitude: <u>30° 17' 50.4" N</u> Longitude: <u>89° 26' 43.7" W</u> Method of Lat/Long (circle one): Conventional Survey, <u>26</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>Sw 1/4 Nw 1/4 Sec 6</u> Twn <u>9S</u> Rng <u>14W</u> Distance _____ Direction _____ Nearest Town _____ Miles of <u>6.85 east of Itasca</u>	
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**Well Data**  
 Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
 Date well drilling started: 2-20-08 Date well drilling completed: 2-20-08  
 If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 2-20-08  
 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.

Dr. Neal B. ... 0-793  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor  
**RECEIVED**  
 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  
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Aquifer \_\_\_\_\_  
Well # K-750  
Elevation \_\_\_\_\_

County Hancock  
Permit # \_\_\_\_\_  
Driller Elmer  
Date completed 2-20-08

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 I of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Gulf Coast Cond group</u>	Latitude: <u>30° 17.504'N</u> Longitude: <u>89° 26.497'W</u>
Mailing Address: <u>1200 Beach Blvd, suite 904</u> <u>Gulfport MS</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , <u>Hand-held GPS</u> , Survey-grade GPS ____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng ____
Telephone No. ( _____ ) _____	Distance _____ Direction _____ Nearest Town _____ ____ Miles _____ of _____ <u>6185 east Ithaca</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> 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 <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u> <input checked="" type="radio"/>
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 _____ feet after _____ hours of pumping
Test Pumping Rate: <u>20</u> Gallons Per Minute	
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.

Bernard... 0-793  
Print Name of Pump Installer and License No. (if applicable)

[Signature]  
Signature of Pump Installer

**RECEIVED**  
MAR 25 2008  
**BY: OLWR**