

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-752
 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 Cond. group</u>	Latitude: <u>30° 17' 22.5" N</u> Longitude: <u>089° 26' 07.0" W</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, _____
<u>1200 Beach Blvd, Suite 904</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Gulfport, MS</u>	<u>N 1/4 SE 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. (____) _____	Miles _____ of _____
	<u>6200 east Newton</u>

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 r 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.

Brent Mann 0-793 **RECEIVED**
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor **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)

For Office Use Only:
Aquifer
Well # K-752
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 1 of this report must be attached to this report.

Well Owner Information: Owner Name: Gulf Coast Cont Group, Mailing Address: 1200 Beach Blvd, Suite 904, Gulfport MS, Telephone No.
Well Location: Latitude: 30° 17' 22.5" N, Longitude: 089° 26.070" W, Method of Lat/Long: Hand-held GPS, USGS quad, Distance, Direction, Nearest Town

Pump Type: Submersible, Power Type: Electric Motor, Diesel Engine, Gasoline Engine, Natural Gas, Hand, Tractor PTO, Windmill, Other (specify):
Date Pump Installed: 2-20-08, Rated Pump Capacity: 20 Gallons Per Minute, Horse Power Rating of Motor: 1, Setting Depth: 80 feet, Number of Stages: 8

Pump Test Data: Date Well Tested: 2-20-08, Static Water Level (A): 15 Feet Below Land Surface, Pumping Water Level (B): 25 Feet Below Land Surface, Drawdown [(B) - (A)]: 10 Feet Below Land Surface, Test Pumping Rate: 20 Gallons Per Minute, Duration of Pump Test (minimum 4 hours): 4 hours
Method of Measuring Water Level: Steel Tape, Air Line, Electric Measuring Line, Other (specify):
For flowing well, measured shut in head: feet, Well yielded GPM with a drawdown of feet after hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable): [Signature] 0-793

Signature of Pump Installer: [Signature]

RECEIVED

MAR 25 2008

BY: OLWR