

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-759
 I.S. Elevation 754
 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 Cart, Gray, LLC</u>	Latitude: <u>30° 17' 10.3" N</u> Longitude: <u>089° 26' 53.5" W</u>
Mailing Address: <u>1200 Beach Blvd, Suite 904</u> <u>Gulfport, MS</u>	Method of Lat/Long (circle one): Conventional Survey, <u>06</u>
City _____ State _____ Zip Code _____	USGS quad. <u>(Hand-held GPS)</u> Survey-grade GPS
Telephone No. (____) _____	<u>Sw</u> ¼ <u>Sw</u> ¼ Sec <u>6</u> Twn <u>9S</u> Rng <u>14W</u>
	Distance _____ Miles Direction _____ of Nearest Town _____
	<u>7985 west Amite, boys de park, ms</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 n Other (describe) n

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: n 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.

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

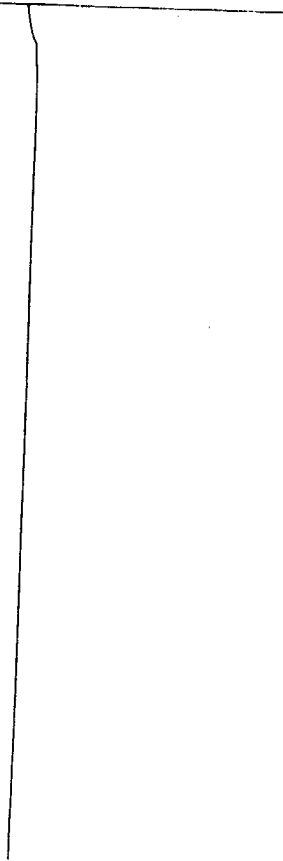
Signature of Water Well Contractor [Signature]

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If well telescopes please sketch below and show depths

K-754

Ground Level



Description of Formations Encountered

	From	To
Sand	0	10
clay	10	20
bluish sand	21	30
black sand	31	40
green clay	61	80
gray clay	81	99
white sand	100	110

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



8 x 8

8 x 8



725

Landowner Name: Gulf Coast Const group west amit z

Signature of Water Well Contractor

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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-754
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	Well Location
Owner Name: <u>Gulf Coast Court group</u>	Latitude: <u>30° 17.103 N</u> Longitude: <u>89° 26.535 W</u>
Mailing Address: <u>1200 Beech blvd suite 904</u> <u>Gulf Port MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

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

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-20-08</u>	<input type="checkbox"/> Air Line
Static Water Level (A): <u>15</u> Feet Below Land Surface	<input type="checkbox"/> Electric Measuring Line
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	<input checked="" type="checkbox"/> Steel Tape
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>20</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	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) Elmer Elmer 0-793

Signature of Pump Installer _____

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