

County: Namooch
 Permit #: _____
 Driller: Necaise Well Service
 Date drilling completed: 4-24-08

State Well Report
Part I - Driller's 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-803
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

| Information on Well Owner (Landowner if borehole is not for a water well) | Well or Borehole Location |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Owner Name: <u>Gulf Coast Builders</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>6087 E. Alanda</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Bay St Louis</u> | _____ 1/4 _____ 1/4 Sec <u>6</u> Twn <u>9S</u> Rng <u>14E</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. (____) _____ | <u>2</u> Miles <u>N</u> of <u>Lakeshore</u> |

Well / Borehole Data

Date drilling started: 4-24-08 Date drilling completed: 4-24-08 Hole depth: 110 Hole diameter: 4"

Location of the source of any surface water used for drilling: Namooch City Water & Sewer

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Scismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 4-24-08

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 2" inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .006 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 next page*

Form: OLWR-SWR-1A
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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 39259-0631
(601) 961-5210
(601) 974-6935 (fax)

For Office Use Only:

Aquifer:

Well #:

Elevation:

County: HANCOCK
 Permit # _____
 Driller: NECAFE WELL
 Date completed: 4-25-08
Copy information from block on Part 1

Well #: K-803

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

| Well Owner Information | Well Location |
|------------------------------------------|------------------------------------------------------------|
| Owner Name: <u>Bay Coast Builders</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>6087 E. Verde</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Bay St Louis, MS</u> | USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ |
| City: _____ State: _____ Zip Code: _____ | _____ S. Sec. <u>6</u> T. <u>9</u> R. <u>14</u> |
| Telephone No. (_____) _____ | Distance _____ Direction _____ Nearest Town _____ |
| | <u>2</u> Miles <u>47</u> of <u>Lakeland</u> |

| Pump Type Circle one | Power Type Circle one |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well | <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>4-25-08</u> | Setting Depth: <u>40'</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Date Well Tested: _____ | <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape |
| Static Water Level (A): _____ Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown (B - A): _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

ROBERT NECAFE 0-660 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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