

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 #: M-104  
 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**

Owner Name: Gulf Coast Contractors LLC  
 Mailing Address: 1200 Beach Blvd, suite 901  
Gulfport, MS 39507  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**

Latitude: 30° 16' 30.5" N Longitude: 089° 26' 43" W  
 Method of Lat/Long (circle one): 48 Conventional Survey, 43  
 USGS quad, Hand-held GPS, Survey-grade GPS  
 NE 1/4 NE 1/4 Sec 12 Twn 9S Rng 15W  
 Distance \_\_\_\_\_ Miles Direction \_\_\_\_\_ of Nearest Town \_\_\_\_\_  
6077 West Jones Bay side park

**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: 10 feet above or below (circle one) land surface  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Date measured: 2-20-08

Hole depth: 110 Well depth: 110  
 Type of grout (circle one): Cement Bentonite Mix  
 Well grouted to a depth of 20 feet

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): \_\_\_\_\_  
 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.

Elmer 0-793  
 Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

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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: 2-20-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: M-104  
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 Cont. Group, LLC</u>                                 | Latitude: <u>30° 16.305' N</u> Longitude: <u>089° 26.897' W</u>   |
| Mailing Address: <u>1200 Beach Blvd Suite 904</u><br><u>Gulf Port MS 39507</u> | Method of Lat/Long (circle one): <u>48</u> Conventional Survey, <u>43</u><br>USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City _____ State _____ Zip Code _____  | <u>NE 1/4 NE 1/4 Sec 12 Twn 9S Rng 15W</u>  |
| Telephone No. (____) _____   | Distance _____ Direction _____ Nearest Town _____<br>Miles _____ of _____<br><u>6077 done etc</u>                               |

| Pump Type<br>Circle one                           | Power Type<br>Circle one                            |
|---|---|
| Air Lift      Jet <u>Submersible</u>              | Diesel Engine      Gasoline Engine      Natural Gas |
| Bucket      Piston      Turbine                   | <u>Electric Motor</u> Hand      Tractor PTO         |
| Centrifugal      Rotary      Flowing Well         | Windmill      Other (specify): _____                |
| Other (specify): _____                            | Horse Power Rating of Motor: <u>1</u>               |
| Date Pump Installed: <u>2-21-08</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<br>Circle one                                     |
|--|---|
| Date Well Tested: <u>2-21-08</u>                           | Air Line      Electric Measuring Line <u>Steel Tape</u>                           |
| 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.

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

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