

County Hancock
 Permit # _____
 Driller Emmer
 Date drilling completed 3-12-08

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-105
 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.

| Well Owner Information | Well Location |
|--|---|
| Owner Name <u>Gulf Coast Gen Corp</u> | Latitude: <u>30° 16' 37" N</u> Longitude: <u>89° 26' 54" W</u> |
| Mailing Address: <u>1000 Beach Blvd suit 904</u> <u>Gulfport MS</u> City State Zip Code | Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS SW ¼ NE Sec <u>12</u> Twn <u>9S</u> Rng <u>15W</u> |
| Telephone No. () _____ | Distance _____ Miles Direction _____ of Nearest Town <u>East Smith</u> |

Well Data

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

Date well drilling started: 3-12-08 Date well drilling completed: 3-12-08

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 3-12-08

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

Hole depth: 115 Well depth: 110 Well grouted to a depth of 10 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.

Bernard Edmonson O-A3
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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 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 # <u>M-109</u> |
| Elevation _____ | |

| |
|-------------------------------|
| County <u>Narcolell</u> |
| Permit # _____ |
| Driller <u>Elmer</u> |
| Date completed <u>3-12-08</u> |

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.

| | |
|--|---|
| <p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Gulf Coast Cont Group</u></p> <p>Mailing Address: _____</p> <p style="text-align: center;"><u>1200 Beach Blvd, Suite 904</u></p> <p style="text-align: center;"><u>Gulfport</u> <u>MS</u></p> <p style="text-align: center;">City State Zip Code</p> <p>Telephone No. () _____</p> | <p style="text-align: center;">Well Location</p> <p>Latitude: <u>30° 16.305' N</u> Longitude <u>089° 26.827' W</u></p> <p style="text-align: center;">Method of Lat/Long (circle one): Conventional Survey, <u>54</u></p> <p style="text-align: center;">USGS quad, Hand-held GPS, Survey-grade GPS</p> <p style="text-align: center;"><u>SW</u> of <u>NE</u> Sec <u>12</u> Twn <u>9S</u> Rng <u>15W</u></p> <p>Distance _____ Direction _____ Nearest Town _____</p> <p style="text-align: center;">_____ Miles of _____</p> <p style="text-align: center;"><u>east smith</u></p> |
|--|---|

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|---|--|
| <p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift Jet <u>Submersible</u></p> <p>Bucket Piston Turbine</p> <p>Centrifugal Rotary Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>3-12-08</u></p> <p>Rated Pump Capacity: <u>20</u> Gallons Per Minute</p> | <p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas</p> <p><u>Electric Motor</u> Hand Tractor PTO</p> <p>Windmill Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>1</u></p> <p>Setting Depth: <u>80</u> feet</p> <p>Number of Stages: <u>8</u></p> |
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| <p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>3-12-08</u></p> <p>Static Water Level (A): <u>15</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): <u>25</u> Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface</p> <p>Test Pumping Rate: <u>20</u> Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): <u>4</u> hours</p> | <p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line Electric Measuring Line <u>Steel Tape</u></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p> |
|--|--|

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

| | |
|---|--|
| <p><u>Barnard Edmonson</u> <u>0-793</u></p> <p>Print Name of Pump Installer and License No. (if applicable)</p> | <p><u>[Signature]</u></p> <p>Signature of Pump Installer</p> |
|---|--|

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MAR 25 2008

BY: OLWR