

Part 2 never received 3/13

County Hancock
 Permit # _____
 Driller Elmer
 Date drilling completed 3-10-08

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-760
 Elevation M165
 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>Coast development LLC</u>	Latitude: <u>30° 16' 36" N</u> Longitude: <u>89° 27' 05" W</u>
Mailing Address: <u>905 Old Spanish Trail</u> <u>Waveland MS 39576</u> City State Zip Code	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey USGS quad. <u>N 1/4 NE 1/4 Sec 6 Twn 9S Rng 14W</u>
Telephone No. <u>(228) 219-5698</u>	Distance <u>12</u> Miles Direction <u>SW</u> Nearest Town <u>15W</u> <u>7077 Warren St</u>

Well Data

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

Date well drilling started: 3-10-08 Date well drilling completed: 3-10-08

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 3-10-08

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.

Benjamin Edmonson 0-793
 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

M165

~~A-760~~

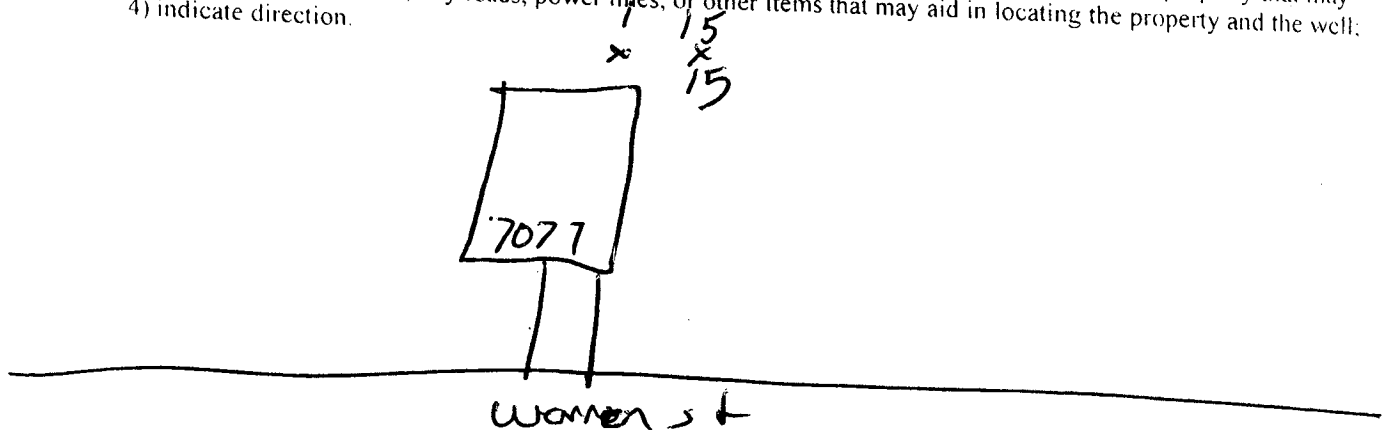
Ground Level

Description of Formations Encountered

Description of Formations Encountered	From	To
Sand	0	10
white & brown	11	20
brown sand	21	30
black sand	31	50
greenish	51	80
white sand	81	115

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.



Landowner Name: Coast development

Signature of Water Well Contractor [Handwritten Signature]

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