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Coastal Drilling

2283925031

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County: Harrison  
 Permit #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 12/16/05

**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 #: F-466  
 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.*

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>T. E. Ashbrook</u>          Mailing Address: <u>Woodridge Rd.</u>  <u>Souwer MS 39574</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: " ' " Longitude: " ' "</p> <p>Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>1/4 1/4 Sec <u>8</u> Twn <u>6S</u> Rng <u>12W</u></p> <p>Distance Direction Nearest Town  <u>1</u> Miles <u>N</u> of <u>Pass Christian</u></p>
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**Well / Borehole Data**

Date drilling started: 12/15/05 Date drilling completed: 12/16/05 Hole depth: 560 Hole diameter: 3.5

Location of the source of any surface water used for drilling: Shop  
 Method of dosing and volume of Chlorine used in drilling and development: 1/2 lb per 1000 gal 89% chlorine

Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 Name of organization running log(s): N/A

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump   
 Seismic 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 N/A Other (describe) \_\_\_\_\_

Static Water Level: 82 feet above or below (circle one) land surface Date measured: 12/16/05

Method of Measurement (circle one) steel tape electric tape air line  other dumb bob

Well depth: 560 Well grouted to a depth of 15 feet Type of grout (circle one):  Best Cement  Bentonite  Mix

Casing length: 550 feet Casing diameter: 2 3/8 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 3/8 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 550 feet to 560 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/A feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level         

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Top Soil	0	3
Light B. Clay	3	25
Soft Red Clay	25	45
Soft Blue Clay	45	210
Fine Water Sand	210	230
Soft Blue Clay	230	300
Hard Blue Clay	300	520
Fine Water Sand	520	540
Coarse Water Sand	540	1700

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) a north arrow.

Landowner Name: T.E. Ashburn

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Dwight Mason 0209 12/16/05 Dwight Mason

Print Name of Responsible Licensee and License No.          Date          Signature of Licensee

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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)

County: Harrison  
 Permit #: 0-209  
 Driller: R. Mason  
 Date completed: 12/16/05  
 Copy information from block on Part 1

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: F-466  
 Elevation: \_\_\_\_\_

*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 as if both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>T.E. Ashboen</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Woodridge Rd.</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>Saucier MS 39574</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>8</u> T. <u>6S</u> R. <u>12W</u>
Telephones No. ( ) _____	Distance Direction Nearest Town
	<u>7</u> Miles <u>N</u> of <u>Pass Christian</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>12/16/05</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/16/05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>82</u> Feet Below Land Surface	<input checked="" type="radio"/> Other (specify): <u>plumb bob</u>
Pumping Water Level (B): <u>82</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown (B) - (A): <u>0</u> Feet Below Land Surface	Well yielded <u>7</u> GPM with a drawdown of
Test Pumping Rate: <u>7</u> Gallons Per Minute	<u>0</u> feet after <u>9</u> hours of pumping
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.

Dwight Mason 0-209 Dwight Mason  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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