

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 5/19/06

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-470
 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.

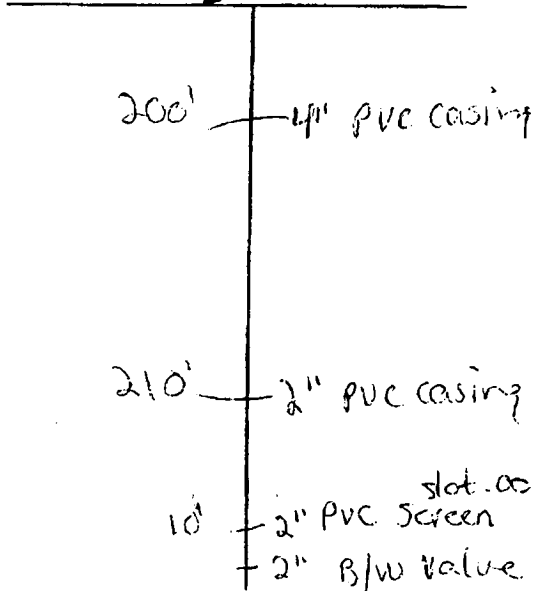
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Mr. Waite</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>School Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Gulfport, MS</u> City State Zip Code	<u>1/4 1/4 Sec 18 Twn 65 Rng 12w</u>
Telephone No. () _____	Distance <u>10</u> Miles Direction <u>N</u> of Nearest Town <u>Long Beach</u>
Well / Borehole Data	
Date drilling started: <u>5/18/06</u> Date drilling completed: <u>5/19/06</u> Hole depth: <u>410</u> Hole diameter: <u>4x2</u>	
Location of the source of any surface water used for drilling: <u>Shop</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1/2 lb per 1000 gal 39% chlorine</u>	
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): <u>N/A</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>85</u> feet above or below (circle one) land surface Date measured: <u>5/19/06</u>	
Method of Measurement (circle one) steel tape _____ electric tape _____ air line _____ other <u>plumb bob</u>	
Well depth: <u>410</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one): Best Cement _____ Bentonite _____ Mix _____	
Casing length: <u>400</u> feet Casing diameter: <u>4x2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4x2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.006</u> inches Setting depth: From <u>400</u> feet to <u>410</u> feet	
Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole: <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet <i>If telescoped or more than one screen, describe on next page</i>	

F-470

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
Coastal White Sand	3	15
Soft Blue Clay	15	25
Hard Blue Clay	25	200
White Sugar Sa	200	220
Hard Blue Clay	220	380
Coarse Water Sand	380	410

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: Wave

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.

Print Name of Responsible Licensee and License No. Dwight Mason G-2009

Date 5/19/06

Signature of Licensee Dwight Mason

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Coastal Drilling

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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: 5/19/06
Copy information from block on Part I.

For Office Use Only:
 Aquifer: _____
 Well #: F-470
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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>W. Ware</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>School Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Gulfport, MS 39502</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>18</u> T <u>6S</u> R <u>12W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>10</u> Miles <u>SW</u> of <u>Long Beach</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5/19/06</u>	Setting Depth: <u>85</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/19/06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>85</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>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>0</u> feet after <u>4</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
 Print Name of Pump Installer and License No. (if applicable) Dwight Mason
 Signature of Pump Installer