

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 4/24/05

State Well Report
Part 1 - 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 #: H-535
 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>SCT Inc</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>16200 Logan Cline Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Gulfport, MS 39503</u>	<u>1/4 Sec 26 Twn 65 Rng 10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>5 Miles N of Otheville</u>

Well / Borehole Data

Date drilling started: 4/23/05 Date drilling completed: 4/24/06 Hole depth: 715 Hole diameter: 4x2

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: 85 feet above or below (circle one) land surface Date measured: 4/24/05

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

Well depth: 715 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 705 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4x2 inches Type of screen: PVC

Screen slot size: 1.006 inches Setting depth: From 9705 feet to 715 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

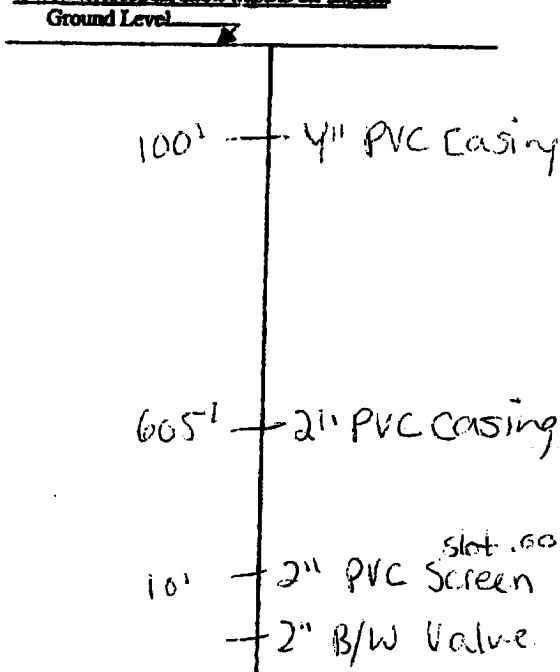
RECEIVED
 MAY 22 2006
 BY: OLWR

H-535

The sketch below only required for water wells

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

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Top Soil	0	3
Red Sand clay	3	15
Coarse white sand & gravel	15	45
Red Sand clay	45	65
Soft Blue clay	65	220
Fine Water sand	220	240
Soft Blue clay	240	500
Fine Water sand	500	520
Hard Blue clay	520	660
Fine Water sand	660	670
Coarse Water sand	670	715

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: SCI, Inc.

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 0-209 4/24/06 Date

Signature of Licensee Dwight Mason
RECEIVED

MAY 22 2006
BY: OLWR

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: 4/24/06
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: H-585
 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 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>SCT, Inc.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10200 Logan Cline Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Gulfport MS 39503</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Je: <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>3</u>
Date Pump Installed: <u>4/24/06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>37</u> Gallons Per Minute	Number of Stages: <u>16</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/24/06</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>16</u> GPM with a drawdown of
Test Pumping Rate: <u>16</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) Signature of Pump Installer

Form: OLWR-SWR-15
RECEIVED
 MAY 22 2006
 BY: OLWR