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Coastal Drilling

2283925031

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### 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)

County: Harrison  
 Permit #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 5/17/06

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: K-425  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

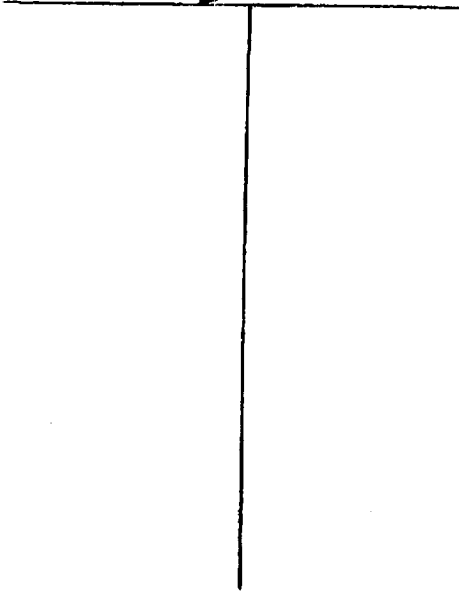
*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>John R. Bohlen</u>	Latitude: " " " Longitude: " " "
Mailing Address: <u>Pine Crest</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Gulfport</u> <u>MS</u> <u>39506</u>	<u>1/4</u> <u>1/4</u> Sec. <u>11</u> Twn <u>7s</u> Rng <u>12w</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( )	<u>3</u> Miles <u>N</u> of <u>Long Beach</u>
Well / Borehole Data	
Date drilling started: <u>5/16/06</u> Date drilling completed: <u>5/17/06</u> Hole depth: <u>260</u> Hole diameter: <u>5"</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 89% chlorine</u>	
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" 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 <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>	
Seismic Survey <input type="checkbox"/> 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 type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve <input type="checkbox"/> <u>N/A</u> Other (describe) _____	
Static Water Level: <u>75</u> feet above <input checked="" type="checkbox"/> below (circle one) land surface Date measured: <u>5/17/06</u>	
Method of Measurement (circle one) steel tape electric tape air line <input checked="" type="checkbox"/> other: <u>plumb bob</u>	
Well depth: <u>260</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>250</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.006</u> inches Setting depth: From <u>250</u> feet to <u>260</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> <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>	

K-425

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
Sandy Red Clay	3	15
Coarse White Sand	15	20
Soft Blue Clay	20	180
Hard Blue Clay	180	220
Fine Water Sand	220	240
Coarse Water Sand	240	260

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: John R. Behlen

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 0-209 5/17/06  
Print Name of Responsible Licensee and License No.      Date

Dwight Mason  
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: 5/17/06  
*Copy information from this section Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: K 425  
 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>John R. Bohlen</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Pine Crest</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Gulfport, MS 39506</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4 Sec 11 T 75 R 12W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>3 Miles N of Long Beach</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>5/17/06</u>	Setting Depth: <u>75</u> feet
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/17/06</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): <u>Plumb bob</u>
Pumping Water Level (B): <u>75</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>9</u> GPM with a drawdown of
Test Pumping Rate: <u>9</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