

County: HARRISON
 Permit #: 14939
 Driller: LAYNE-CENTRAL
 Date Drilling Completed: 8/3/95

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 #: L-0701
 L. S. Elevation: _____
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>CITY OF GULFPORT</u>	Latitude: <u>N 30° 25' 788"</u> Longitude: <u>W 89° 5' 745"</u>
Mailing Address: <u>PO BOX 1780</u>	Method of Lat/Long (circle one): <u>47</u> Conventional Survey <u>44</u>
<u>GULFPORT</u> <u>MS</u> <u>39502</u>	USGS quad, Hand-Held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>16</u> Twn <u>75</u> Rng <u>11w</u>
Telephone No. (<u>228</u>) <u>868-1111</u>	Distance Direction Nearest Town
	<u>1/20</u> Miles <u>SW</u> of <u>I-10 & 49</u>

Well Data

Purpose of Well (Check one): Home ___ Industrial ___ Public Supply Irrigation ___ Fish Culture ___ Other: ___

Date well drilling started: 6/27/95 Date well drilling completed: 8/3/95

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

Static Water Level: 52 feet above or below (circle one) land surface Date Measured: 8/3/95

Method of Measurement (circle one) steel tape electric tape air line Other: ___

Hole depth: 835' Well depth: 835' Well grouted to a depth of: 674' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 674 feet Casing diameter: 20 inches Type of casing: STEEL

Screen length: 150 feet Screen diameter: 12 inches Type of screen: STAINLESS STEEL

Screen slot size: 0.020 inches Setting depth: From 685 feet to 765 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: 509 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): LAYNE-CENTRAL, JACKSON, MS

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

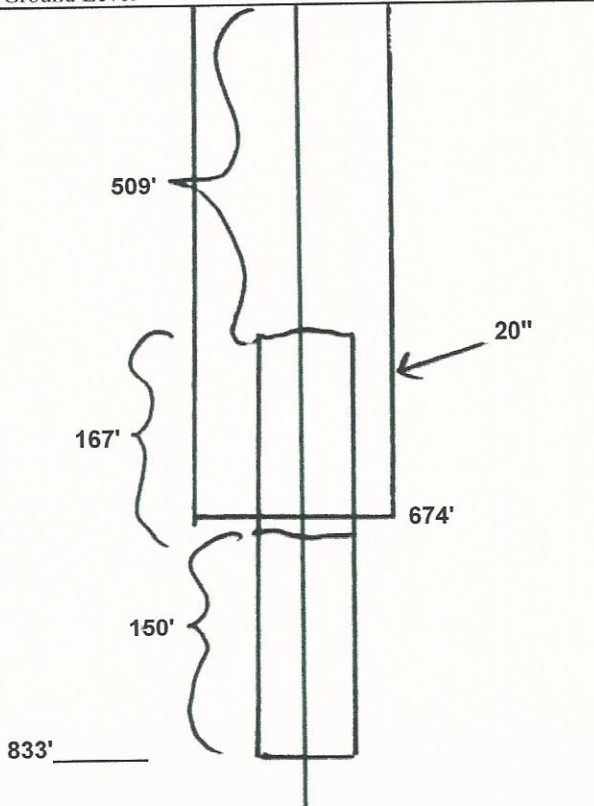
DAVE COOK 692
 Print Name of Water Well Contractor and License No.

Dave Cook
 Signature of Water Well Contractor

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 BY: OLWR

L0701

Ground Level



Description of Formations Encountered	From	To
SAND W/CLAY	0	120
CLAY	120	155
SAND	155	200
CLAY W/ SAND STREAKS	200	680
SAND	680	840

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's Name: CITY OF GULFPORT

D. M. Cook

Signature of Water Well Contractor

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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:	<u>HARRISON</u>
Permit #:	_____
Driller:	<u>LAYNE-CENTRAL</u>
Date Completed:	<u>8/3/95</u>

For Office Use Only:	
Aquifer:	_____
Well #:	<u>L-0701</u>
Elevation:	_____

This part of the report must be completed by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name <u>CITY OF GULFPORT</u>	Latitude: <u>N 30° 25' 788"</u> Longitude: <u>W 89° 5' 745"</u>
Mailing Address: <u>PO BOX 1780</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <u>47</u>
<u>GULFPORT</u> <u>MS</u> <u>39502</u>	<input type="checkbox"/> USGS quad _____ <input type="checkbox"/> Hand-Held GPS _____ <input type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>16</u> T <u>7S</u> R <u>4W</u>
Telephone No. (<u>228</u>) <u>868-1111</u>	Distance Direction Nearest Town
	<u>1/20</u> Miles <u>SW</u> of <u>I-10 & 49</u>

Pump Type Circle One	Power Type Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>200</u>
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity <u>1800</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: _____	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I hereby certify that the above statements are true to the best of my knowledge.

DAVE COOK

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Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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