

Jan 09 06 11:44a

Coastal Drilling

2283925031

p. 1

Jackson

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date drilling completed: 12/13/05

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 #: A-934 N-1036
 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) Owner Name: <u>W.W. Fountain</u> Mailing Address: <u>5908 Gulf Stream</u> <u>Biloxi MS 39532</u> City State Zip Code Telephone No. () <u>392-4196</u>		Well or Borehole Location Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>16</u> Twn <u>7S</u> Rng <u>9W</u> Distance _____ Miles Direction _____ of Nearest Town <u>St. Martin</u>	
Well / Borehole Data Date drilling started: <u>12/12/05</u> Date drilling completed: <u>12/13/05</u> Hole depth: <u>300</u> Hole diameter: <u>2.5</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 lb per 1000 gal 89% chlorine</u> Logs run (circle all applicable): No log run <input 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): _____ 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>60</u> feet above or below (circle one) land surface Date measured: <u>12/13/05</u> Method of Measurement (circle one) steel tape electric tape air line other: <u>plumb line</u> Well depth: <u>300</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: <u>290</u> feet Casing diameter: <u>2 3/8</u> inches Type of casing: <u>PVC</u> Screen length: <u>10</u> feet Screen diameter: <u>2 3/8</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.006</u> inches Setting depth: From <u>290</u> feet to <u>300</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>			

Form: OLWR-SWR-1A

RECEIVED
 JAN 09 2006
 BY: OLWR

Jan 09 06 11:45a Coastal Drilling

2283925031

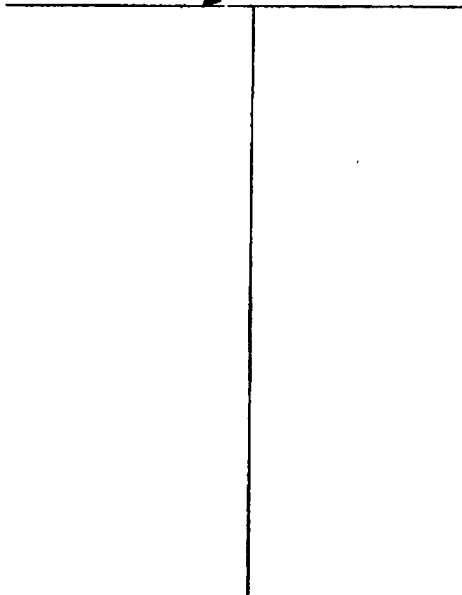
p. 2

M-934

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
Soft Blue Clay	3	12
Coarse water sand	12	20
Soft Blue Clay	30	45
White Sand	45	60
Soft Blue Clay	60	230
Hard Blue Clay	230	280
Coarse water sand	280	300

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: W.W. Fountain

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 12/13/05 Dwight Mason
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

RECEIVED
 JAN 09 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)

For Office Use Only:

Aquifer: _____

Well #: M-934

Elevation: _____

County: Harrison
 Permit #: 0-209
 Driller: R. Mason
 Date completed: 12/13/05
Copy information from block see Part I

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.W. Fountain</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5908 Gulf Stream</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Biloxi</u> MS <u>39532</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> T <u>75</u> R <u>9W</u>
Telephone No. () <u>392-4196</u>	Distance Direction Nearest Town
	_____ Miles _____ of <u>St. Martin</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input 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>1 HP</u>
Date Pump Installed: <u>12/13/05</u>	Setting Depth: <u>60</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>12/13/05</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>60</u> Feet Below Land Surface	<input checked="" type="radio"/> Other (specify): <u>plumb bob</u>
Pumping Water Level (B): <u>60</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>0</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 Dwight Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED

JAN 09 2006

BY: OLWR