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Coastal Drilling

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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: Stone  
 Permit #: 0-209  
 Driller: R. Mason  
 Date drilling completed: 6/29/06

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: M-34  
 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.*

<p><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Mr. Creel</u>          Mailing Address: <u>8540 Pursue Rd.</u>  <u>Perkingston, MS</u>          City State Zip Code          Telephone No. ( ) <u>861-2359</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: _____ Longitude: _____          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS          _____ 1/4 _____ Sec. <u>17</u> Twn <u>45</u> Rng <u>9w</u>          Distance Direction Nearest Town  <u>2.0</u> Miles <u>E</u> of <u>Perkingston</u></p>
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**Well / Borehole Data**

Date drilling started: 6/29/06 Date drilling completed: 6/29/06 Hole depth: 380 Hole diameter: 4.5  
 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: 75 feet above or below (circle one) land surface Date measured: 6/29/06  
 Method of Measurement (circle one) steel tape electric tape air line  other plumb bob  
 Well depth: 380 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 370 feet Casing diameter: 2 inches Type of casing: PVC  
 Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC  
 Screen slot size: .006 inches Setting depth: From 370 feet to 380 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

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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: Stone  
 Permit #: 0-209  
 Driller: R. Mason  
 Date completed: 6/29/06  
 Copy information from block on Part I

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: M-34  
 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>Mr. Creed</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8540 Pursue Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Perkingston, MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>17</u> T <u>4s</u> R <u>9w</u>
Telephone No. <u>(228) 861-2359</u>	Distance Direction Nearest Town
	<u>20</u> Miles <u>E</u> of <u>Perkingston</u>

Pump Type Circle one:	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine Gasoline Engine 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 Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>6/29/06</u>	Setting Depth: <u>90</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>6/29/06</u>	Air Line Electric Measuring Line Steel Tape
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 static in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>207</u> GPM with a drawdown of
Test Pumping Rate: <u>9</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

Form: OLWR-SWR-1B

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