

State Well Report

Part I

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)

045

County: Hancock
 Permit #: _____
 Driller: ROBERT NECAISE
 Date drilling completed: 9/10/04
Necaise Well Serv.

For Office Use Only:
 Aquifer: _____
 Well #: K-545
 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.

Well Owner Information	Well Location
Owner Name: <u>DAVID KENNEDY</u>	Latitude: " _____ ' _____ " Longitude: " _____ ' _____ "
Mailing Address: <u>Minnesota St.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>BAY ST LOUIS MS</u>	<u>1/4</u> <u>1/4</u> Sec <u>40</u> Twn <u>8S</u> Rng <u>14W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 382-9992</u>	<u>5</u> Miles <u>W</u> of <u>BAY ST LOUIS</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 9/10/04 Date well drilling completed: 9/10/04

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

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 9/10/04

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 155 Well depth: 155 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Min

Casing length: 145 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 1006 inches Setting depth: From 155 feet to 175 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: _____ 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): _____

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

ROBERT NECAISE 0660
 Print Name of Water Well Contractor and License No.

Robert Necaise
 Signature of Water Well Contractor

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 OCT 07 2004
 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 #: K-545
 Elevation: _____

County: Hancock
 Permit #: _____
 Driller: ROBERT NECAISE
 Date completed: 9/10/04

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>DAVID KENNEDY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Minnesota St.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>BAY ST LOUIS MS 3980</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>40</u> Twn <u>8</u> Rng <u>14</u>
Telephone No: <u>601-382-9992</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>W</u> of <u>BAY ST LOUIS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" 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>1/2</u>
Date Pump Installed: <u>9/10/04</u>	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/10/04</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>12</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>13</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

ROBERT NECAISE 0660
 Print Name of Pump Installer and License No. (if applicable)

Robert Necaise
 Signature of Pump Installer

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OCT 07 2004
 BY: OLWR