

**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: Alamogordo  
Permit #: \_\_\_\_\_  
Driller: Nicolaus Well  
Date drilling completed: 8-10-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: K-564  
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>OSCEOLA Southern Alamogordo</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10411 Rd 556</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Bay St Louis MS</u> City State Zip Code	____ 1/4 ____ 1/4 Sec <u>28</u> Twn <u>8 S</u> Rng <u>14 W</u>
Telephone No. <u>(337) 620-1737</u>	Distance _____ Miles Direction <u>W</u> of Nearest Town <u>Bay St. Louis</u>

**Well / Borehole Data**

Date drilling started: 8-10-07 Date drilling completed: 8-10-07 Hole depth: 180 Hole diameter: 4

Location of the source of any surface water used for drilling: Alamogordo County Water & Sewer  
Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_

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 \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 8-10-07

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

Well depth: 180 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 180 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 170 feet to 180 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 next page*

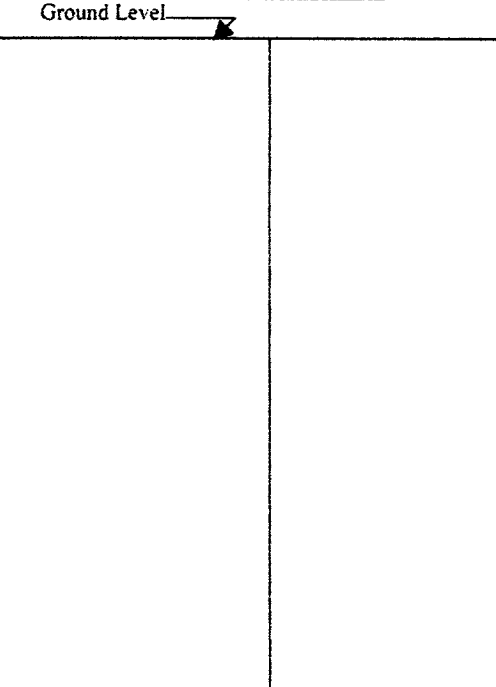
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K-564

The sketch below only required for water wells.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
MUDS	0	20
SAND	20	70
B CLAY	70	120
SAND	120	130
B CLAY	130	160
SAND	160	180

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: Ocala Southern Homes

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.

ROBERT NECHAYE - 0-660      8-10-07      Robert

Print Name of Responsible Licensee and License No.      Date      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: HANCOCK  
 Permit #: \_\_\_\_\_  
 Driller: NECHASE Well  
 Date completed: 8-31-07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K-564  
 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>OSCEOLA Southern Cobman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10411 Rd 556</u>	Method of Lat Long (check one): Conventional Survey _____
<u>Bay St Louis, MS</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. <u>(228) 630-1737</u>	_____ 1/4 _____ 1/4 Sec <u>28</u> T. <u>8</u> R. <u>14</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>4</u> Miles <u>W</u> of <u>Bay St Louis</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	Diesel Engine              Gasoline Engine              Natural Gas
Bucket                      Piston                      Turbine	<u>Electric Motor</u> Hand                      Tractor PTO
<u>Centrifugal</u> Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8-31-07</u>	Setting Depth: <u>40'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line              Electric Measuring Line <u>Steel Tape</u>
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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

ROBERT NECHASE 0-660                      Robert  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

Form: OLWR-SWR-1B  
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