County:  Part 1 - D    Permit #:	Yell Report Oriller's Log t of Environmental Quality and Water Resources Box 10631 IS 39289-0631 961-5210 4-6938 (fax)	For Office Use Only:        Aquifer:				
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		orehole Location				
(Landowner if borehole is not for a water well)	Latitude:''	_" Longitude:^"				
Owner Name_ Ola brat Gov alumanly	Method of Lat/Long (circle or	ne): Conventional Survey,				
Mailing Address: (0211 W. Apresof J		GPS, Survey-grade GPS				
		Twn 95 Rng 14 W				
Bay St Jama MS City State Zip Code						
City State Zip Code Telephone No. (298) 467-9699	Distance Direction Nearest Town Miles of LOL MESHORE					
Well / Bore						
Date drilling started: <u>9-18.07</u> Date drilling completed: <u>9-18.1</u>	07 Hole depth: 120	Hole diameter: <u>4</u>				
Location of the source of any surface water used for drilling:	ancors County	Water E Super				
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron	Other:				
Purpose of borehole (check one): Water WellGeotechnical/Geol	ogical Investigation Ground	d Source Heat Pump				
Seismic Survey Other (describe	) n, skip the remainder of this bl	lock				
Purpose of Well (check one): Home Industrial Public Supply	/ Irrigation Fish Culture	Other:				
If a flowing well, method of flow regulation: Valve O	Other (describe)					
Static Water Level:feet above of below (circle one)	land surface Date measured:					
Method of Measurement (circle one) steel tape electric tape	air line other:					
Well depth: 1310Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite (Mix						
Casing length: <u>110</u> feet Casing diameter: <u>A</u>	inches Type of casing:	PVC -				
Screen length: <u>10</u> feet Screen diameter: <u><math>\sim</math></u>	inches Type of screen:					
Screen slot size: , OOL inches Setting depth: From _	feet to	<u> AO</u> feet				
	rreamed Telescoped Oper	n hole Natural Development				
Other (describe):						
Top of lap pipe or reduction in casing:feet. If te	lescoped or more than one scre	een, describe on next page				
Land		FRECEIVE				
		JAN 2 2 2008				

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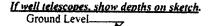
BY: OLWR

## The sketch below only required for water wells



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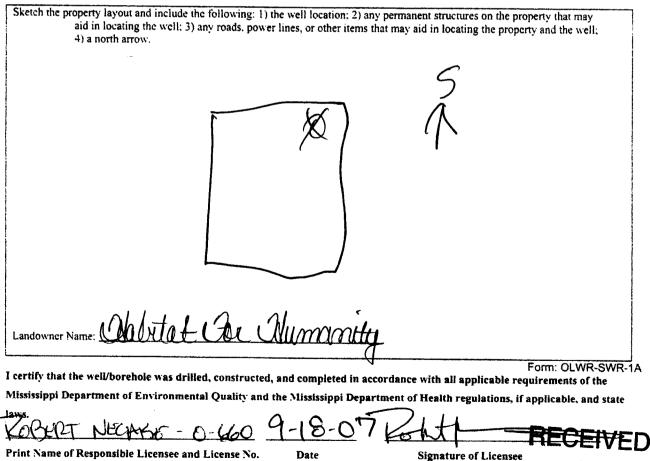
BY: OLWR



Description of formations encountered must be prov wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
MUD.	Ň	20
CAPA	70	Lic)
K C/A-	1.0	40
SILAN	88	120
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If more than one screen, show location of each on sketch



Print Name of Responsible Licensee and License No.

Date

STATE WELL REPORT						
County: <u>HANCOCIL</u> Permit #: Driller: <u>NECAGE</u> WELL Date completed: <u>9-26-07</u> <u>Copy information from block on Part 1</u> This part of the report must be completed by a license	Part 2      mp Installer's Completion Report      opi Department of Environmental Quality      ffice of Land and Water Resources      P.O. Box 10631      Jackson. MIS 39289-0631      (601)961-5210      (601)354-6938 (fax)      ad water well contractor or a licensed pump installer. A copy of Part 1 of the      Department at the above address within 30 days of well completion.      Well Location      MMMUY					
Bay St Aug M5 City State Zhr Telephone No. () 467-9699	Sode					
Pump Type Circle one	Power Type Circle one					
Air Lift Jet Submersi						
Bucket Piston Turbine	Electric Motor Hand Tractor PTO					
Centrifugal Rotary Flowing	Vell Windmill Other (specify):					
Other (specify):	Horse Power Rating of Motor:					
Date Pump Installed: 9-26-07	Setting Depth: 40 feet					
Rated Pump Capacity: Gallons Pe	*					
Pump Test Data	Method of Mcasuring Water Level Circle one					
Date Well Tested: Static Water Level (A):Feet Below Lan Pumping Water Level (B):Feet Below Land	Other (specify):					
Drawdown [(B) - (A)]:Fcet Below Land	d Surface For flowing well, measured shut in head:feet					
Test Pumping Rate:Gallons Pe	Minute Well yieldedGPM with a drawdown of					
Duration of Pump Test (minimum 4 hours):	hoursfeet afterhours of pumping					
LHEREBY CERTIFY that the above statements are tru <u>KOPENT</u> <u>NETAKE</u> <u>O-(66</u> Print Name of Pump Installer and License No. (if appli	D COMMENTE DECEIVE					

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