

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: Wancock
 Permit #: _____
 Driller: Richard Well
 Date drilling completed: 9-18-07

For Office Use Only:

Aquifer: _____
 Well #: K-579
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Caloon Adams</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6124 E. Adams</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>6</u> Twn <u>9S</u> Rng <u>14W</u>
Telephone No. <u>(601) 614-4892</u>	Distance <u>2</u> Miles Direction <u>N</u> of Nearest Town <u>LAKE SITE</u>

Well / Borehole Data

Date drilling started: 9-18-07 Date drilling completed: 9-18-07 Hole depth: 100 Hole diameter: 4

Location of the source of any surface water used for drilling: Wancock 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: 9-18-07

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90 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 90 feet to 100 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***


RECEIVED
 Form: OLWRS/1/07
 JAN 22 2008
 BY: OLWR

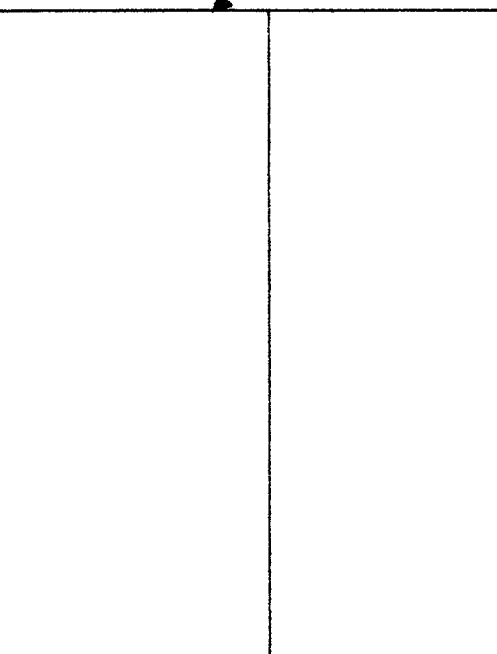
K579

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.

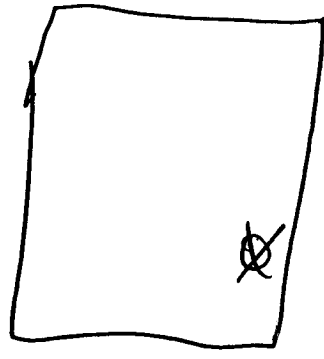
Ground Level 



Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
MUD	0	20
SAND	20	50
CLAY	50	80
SAND	80	100

If more than one screen, show location of each on sketch

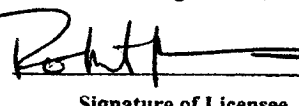
Sketch the property layout and include the following: 1) the well location: 2) any permanent structures on the property that may aid in locating the well: 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Landowner Name: Colson Thomas

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

Print Name of Responsible Licensee and License No. ROBERT NECHAYE - 0-460 Date 9-18-07 Signature of Licensee 

RECEIVED

JAN 22 2008

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)

County: HANCOCK
 Permit #: _____
 Driller: NECAISE Well
 Date completed: 10-25-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 2579
 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>Colleen Thomas</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4124 E. Adams</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>678 614-4892</u>	_____ 1/4 _____ 1/4 Sec <u>6</u> T <u>9</u> R <u>14</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>N</u> of <u>LAKE SHORE</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>10-25-07</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 NECAISE 0-660 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 Form: OLWR-SWR-1B
 JAN 22 2008
 BY: OLWR