| 5 | | | |
|--|---|---|--|
| County: <u>HANCOCK</u> Permit #: Driller: <u>NECAISE</u> <u>UELL</u> Date drilling completed: <u>9:35-07</u> State Law requires that this reported the shore address | 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) rt be prepared by the license holder responsible for the swithin 30 days of completion of drilling of the well | | For Office Use Only: Aquifer: Well #: <u>K - 586</u> L. S. Elevation: E-log #: the work and filed with the or basehole |
| Information on Well Owner (Landowner if borehole is not for a water well) Owner Name First Class Builders | | Well or Borehole Location Latitude: | |
| Mailing Address: 4076 E. C. Bay St dawn City Sta Telephone No. 29, 513-1400 | te Zip Code Dist | USGS quad, Hand-held | nc): Conventional Survey, GPS, Survey-grade GPS Twn <u>95</u> Rng_/4 Rng_/4 of |
| Date drilling started: 9-35-07 Date dr | Well / Borehole I | | |
| | Electric Gamma Ray Den | isity Sonic Neutron | Source Heat Pump |
| Purpose of Well (check one): Home $\sqrt{11}$ If a flowing well, method of flow regulation Static Water Level: 12 feet at Method of Measurement (circle one) (st Well depth: 130 Well grouted to a dep | ndustrialPublic SupplyIn on: ValveOther (or pove of below (circle one) land su feel tape) electric tape in or diameter:Z'' inch en diameter:Z'' inch Setting depth: FromZ' | rrigation Fish Culture . describc) urface Date measured: air line other: put (circle one): Neat Cerr nes Type of casing: hes Type of screen: DOfeet to | $\begin{array}{c} \underline{\ } \\ \underline{\ } \\$ |
| Top of lap pipe or reduction in casing: | Other (describe):feet. <u>If telescop</u> | | |
| L | | | FRECEIVE JAN 2 2 200 BY: OLW |

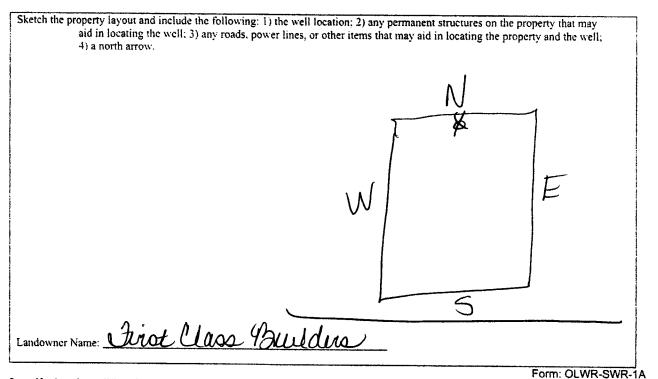


The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level_____ Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| | Ground Level | |
| Mun | 0 | 20 |
| SANP. | 20 | 40 |
| B.CIAY | Leo | 100 |
| SAND | 100 | 130 |
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If more than one screen, show location of each on sketch



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

5-0

Print Name of Responsible Licensee and License No.

Date

RECEIVED Signature of Licensee

JAN 2 2 2008 BY: OLWR

| STATE WELL REPORT | | | | |
|---|---|--|--|--|
| Permit #: Mississipp | Part 2For Office Use Only:Aquifer:Aquifer:Aquifer:Aquifer:Monor SourcesP.O. Box 10631Jackson, MS 39289-0631(601)961-5210Elevation: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 D Well Owner Information | Department at the above address within 30 days of well completion. Well Location | | | |
| Owner Name First Maps Build | | | | |
| | | | | |
| Mailing Address: <u>LID7Le E. CUMP</u> Bay St Low, M Ciry State Zip C | USGS quad, Hand-held GPS, Survey-grade GPS Sode Distance USGS quad, Hand-held GPS, Survey-grade GPS TR_144 Distance Direction Nearest Town | | | |
| Telephone No. <u>239</u> , 5/3-1600 | of Lakeahare | | | |
| | | | | |
| Pump Type Circle one | Power Type Circle one | | | |
| | | | | |
| Air Lift Jet Submersible | Custome Engine Pratalat Gas | | | |
| Bucket Piston Turbine | Electric Motor Hand Tractor PTO | | | |
| Centrifugal Rotary Flowing W | ell Windmill Other (specify): | | | |
| Other (specify): | Horse Power Rating of Motor: | | | |
| Date Pump Installed: <u>[-7-08</u> | Setting Depth:feet | | | |
| Rated Pump Capacity:Gallons Per I | Minute Number of Stages: | | | |
| Pump Test Data | Method of Measuring Water Level | | | |
| • | Circle one | | | |
| Date Well Tested:Feet Below Land | Other (specify): | | | |
| Pumping Water Level (B):Feet Below Land S | Surface | | | |
| Drawdown [(B) – (A)]:Feet Below Land S | Surface For flowing well, measured shut in hcad:feet | | | |
| Test Pumping Rate:Gallons Per M | Minute Well yielded GPM with a drawdown of | | | |
| Duration of Pump Test (minimum 4 hours): | _hoursfeet afterhours of pumping | | | |
| | | | | |
| LHEREBY CERTIFY that the above statements are true the ROPENT NECHCE 0-660 Print Name of Pump Installer and License No. (if application) | ble) Signature of Pump Installer BECEIVE | | | |
| | JAN 2 2 2008 | | | |
| | BY: OLW | | | |
| | BY: OLW | | | |
| | | | | |