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

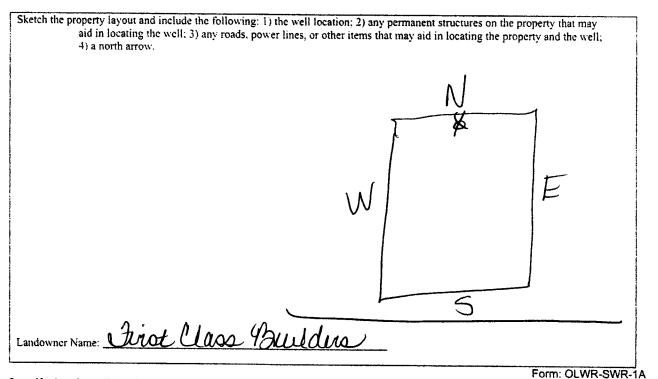


The sketch below only required for water wells

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
•		

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			