

# 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: Winnick  
 Permit #: \_\_\_\_\_  
 Driller: Michael Willis  
 Date drilling completed: 10-31-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-605  
 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<br><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location                                                                        |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Owner Name: <u>William Adams</u>                                                    | Latitude: _____ Longitude: _____                                                                 |
| Mailing Address: <u>6034 E. Oklawaha</u>                                            | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Bay St Louis</u> MS<br>City State Zip Code                                       | ____ 1/4 ____ 1/4 Sec <u>6</u> Twn <u>95</u> Rng <u>14</u>                                       |
| Telephone No. <u>828 831-8066</u>                                                   | Distance <u>2</u> Miles Direction <u>N</u> of Nearest Town <u>Zakeshore</u>                      |

**Well / Borehole Data**

Date drilling started: 10-31-07 Date drilling completed: 10-31-07 Hole depth: 130 Hole diameter: 4

Location of the source of any surface water used for drilling: Winnick 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: 10-31-07

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

Well depth: 130 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 120 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 120 feet to 130 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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K605

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  $\rightarrow$

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Black Sand                            | Ground Level |            |
| " "                                   | 0            | 10         |
| GRAY CLAY                             | 10           | 30         |
| " "                                   | 30           | 30         |
| " "                                   | 30           | 40         |
| " "                                   | 40           | 50         |
| " "                                   | 50           | 60         |
| GRAY MUD & Sand                       | 60           | 70         |
| " "                                   | 70           | 80         |
| " "                                   | 80           | 90         |
| Blue Mud                              | 90           | 100        |
| " "                                   | 100          | 110        |
| " " & Sand                            | 110          | 120        |
| SAND COURSE                           | 120          | 130        |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
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|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |

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: William Thomas

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 NECAKIS - 0-660    10-31-07    Robert    **RECEIVED**

Print Name of Responsible Licensee and License No.    Date    Signature of Licensee    **JAN 2 2 2008**  
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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: NECAISE Well  
 Date completed: 01-14-08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K605  
 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>Freeman Norman</u>        | Latitude: _____ Longitude: _____                             |
| Mailing Address: <u>4024 E. Oklabebe</u> | Method of Lat Long (check one): Conventional Survey _____    |
| <u>Bay St Louis, MS</u>                  | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code                      | _____ 1/4 _____ 1/4 Sec <u>10</u> T <u>9</u> R <u>14</u>     |
| Telephone No. <u>601 831 8066</u>        | Distance Direction Nearest Town                              |
|                                          | <u>2</u> Miles <u>N</u> of <u>Lakehome</u>                   |

| Pump Type<br>Circle one                           | Power Type<br>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>01-14-08</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<br>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      Robert  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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