

County: HANCOCK
 Permit #: _____
 Driller: NECISE WELL
 Date drilling completed: 11-10-07

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)

For Office Use Only:
 Aquifer: _____
 Well #: K-612
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>First Class Builders</u> Mailing Address: <u>7299 BaySide Dr.</u>	Latitude: _____ Longitude: _____ 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 Telephone No. <u>939 513-1600</u>	_____ 1/4 _____ 1/4 Sec. <u>16</u> Twn <u>9S</u> Rng <u>14W</u> Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>Lakehome</u>
Well / Borehole Data	
Date drilling started: <u>11-10-07</u> Date drilling completed: <u>11-10-07</u> Hole depth: <u>110</u> Hole diameter: <u>4"</u>	
Location of the source of any surface water used for drilling: <u>HANCOCK COUNTY WATER - Sewer</u> Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>12</u> feet above or below (circle one) land surface Date measured: <u>11-10-07</u>	
Method of Measurement (circle one) <input checked="" type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line other: _____	
Well depth: <u>110</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite <input checked="" type="checkbox"/> Mix	
Casing length: <u>100</u> feet Casing diameter: <u>2"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2"</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>006</u> inches Setting depth: From <u>100</u> feet to <u>110</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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 JAN 22 2008
 BY: OLWR