

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: HANCOCK
Permit #:
Driller: NECAISE WELL
Date drilling completed: 1-7-08

For Office Use Only:
Aquifer:
Well #: K-653
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)
Owner Name: Cecelia Gomez
Mailing Address: 4091 Scott Street
Pay St Louis MO
City State Zip Code
Telephone No. 231 620-1737
Well or Borehole Location
Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
1/4 1/4 Sec 6 Twn 9S Rng 14W
Distance Direction Nearest Town
2 Miles N of Lakehome

Well / Borehole Data
Date drilling started: 1-7-08 Date drilling completed: 1-7-08 Hole depth: 120 Hole diameter: 4"
Location of the source of any surface water used for drilling: HANCOCK 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 [checked] 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 [checked] 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: 1-7-08
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 110 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 110 feet to 120 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

Form: OLWR-SWR-1A

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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: NECAUSE WELL
 Date completed: EB 2-2008
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K-653
 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>Dorena Adams</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6091 Sand St</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>6</u> T <u>9</u> R <u>14</u>
Telephone No. <u>231 660-1737</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>W</u> of <u>Lakewood</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>2-20-08</u>	Setting Depth: <u>40'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>1</u>

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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 NECAUSE 0-660 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer