	State W	en keport – į	For Office Use Only	
County: HANCOCK	Part 1 - Driller's Log		For Office Use Only:	
• •	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources		Well #: K-660	
Driller: NECAISE WELL	P.O. Box 10631			
Date drilling completed: 1-8-08	Jackson, MS 39289-0631 (601)961-5210		L. S. Elevation:	
Date drilling completed: 100	ì ' '	-6938 (fax)	E-log #:	
] (001)334	-0330 (Iax)	12-105 7.	
State Law requires that this report Department at the above address				
Information on Well (rehole Location	
(Landowner if borehole is not f	or a water well)	• · · · · · · · · · · · · · · · · · · ·	7) T = 11 = 14 + 14 + 17 + 17 + 17 + 17 + 17 + 17 +	
Owner Name Garciback	i (damon)	Latitude:	" Longitude: ""	
Method of Lat/Long (circle one): Co		ne): Conventional Survey,		
Walning Flouress.		USGS quad, Hand-held	GPS, Survey-grade GPS	
Day St Law	wy MS	¼¼ Sec 6		
City Sta	te Zip Code	Distance Direction		
Telephone No. <u>208)</u> <u>255-02</u>	76	Miles	of	
	337.11.633	Labar National Control		
ر مش	Well / Borel		· · · · · · · · · · · · · · · · · · ·	
Date drilling started: 1-808 Date drilling completed: 1-808 Hole depth: 140 Hole diameter:				
Location of the source of any surface water used for drilling: HANCOCK COUNTY WATER - SEWER				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Purpose of borchole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic SurveyOther (describe)				
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (check one): Home	ndustrial Public Supply	Irrigation Fish Culture	Other:	
If a flowing well, method of flow regulation	on: Valve O	ther (describe)		
Static Water Level: 12 feet al	bove of below (circle one) li	and surface Date measured:	1-8-08	
Method of Measurement (circle one)	teel tape electric tape	air line other:		
Well depth: Well grouted to a depth of 16 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 150 feet Casing diameter:				
Screen length: 10 feet Screen diameter: Z' inches Type of screen: PVC				
Screen slot size: 1006 inches Setting depth: From 150 feet to 140 feet				

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole

Other (describe): ___

feet. If telescoped or more than one screen, describe on next page

Top of lap pipe or reduction in casing:

Form: OLWR-SWR-1A

Natural Development

JAN 2 3 2008 BY: OLWR

The sketch below only required for water wells
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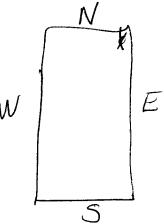
If well telescopes, show depths on sketch.
Ground Level.

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	
aum	0	70
SALO	70	60
13. CZAY	40	100
SAND	100	170
11 - 11 - 11 - 11 - 11 - 11 - 11 - 11		

If more than one screen, show location of each on sketch

a	perty layout and include the following: 1) the well location: 2) any permanent structures on the property that may id in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 3 a north arrow.
	\mathcal{N}



Landowner Name: Garcebayle & Domes

Form: OLWR-SWR-1A

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

Print Name of Responsible Licensee and License No.

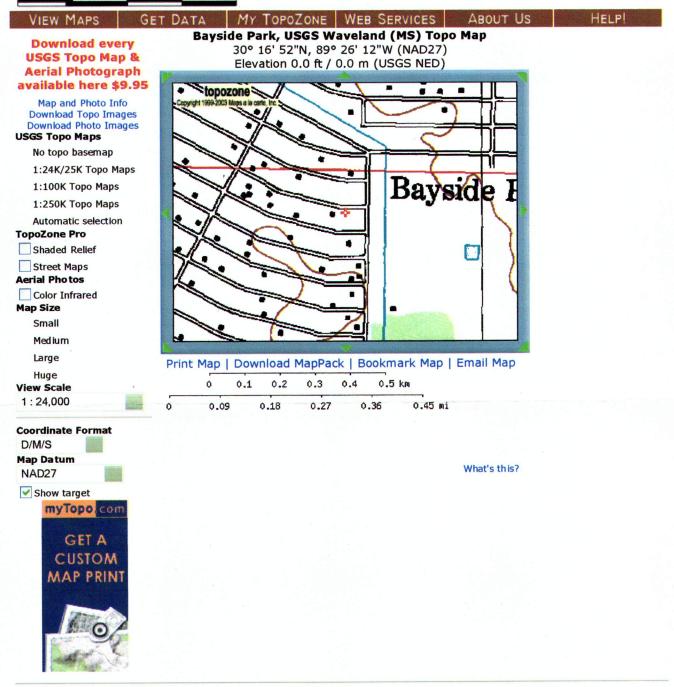
Date

Signature of License RECEIVED

JAN 2 3 2008

BY: OLWR

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STATE WELL REPORT

County: HTANCOC Permit #: Date completed:

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

For Office Use Only:		
Aquifer:		
Well #: K-660		
Elevation:		

(601)354-6938 (fax) Copy information from block on Part 1 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 Latitude:_____Longitude:_____ Mailing Address: Method of Lat/Long (check one): Conventional Survey... USGS quad____, Hand-held GPS____, Survey-grade GPS___ ___ ¼ _____ ¼ Sec____ T____ R____ Distance Direction Nearest Town Telephone No. 428, 255-02-76 _____Miles ______ of _____ Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Electric Motor Piston Turbine Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): _ Other (specify): __ Horse Power Rating of Motor: Date Pump Installed: ___ Setting Depth: Rated Pump Capacity: _ Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Wate Circle one Date Well Tested: ____ Air Line Electric Measuring Line Steel Tape Static Water Level (A): _____Feet Below Land Surface Other (specify): Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) - (A)]: ______Feet Below Land Surface For flowing well, measured shut in head: _____feet Test Pumping Rate: _____ Gallons Per Minute Well yielded _____ GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours _____feet after _____hours of pumping

I HEREBY CERTIFY that the above statements are true to the l	pest of my knowledge.
KOBERT NECKY 0-660	Colut
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR-1B