

# 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: Wancock  
 Permit #: \_\_\_\_\_  
 Driller: Necaise Well Service  
 Date drilling completed: 1-8-08

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K-663  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Garci Bayli Thomas</u> Mailing Address: <u>6015 East Chickasaw</u> <u>Bay St Louis MS</u> City State Zip Code Telephone No. <u>228-341-3401</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>7</u> Twn <u>9S</u> Rng <u>14W</u> Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>N</u> of <u>LAKE SHORE</u>
Well / Borehole Data	
Date drilling started: <u>1-8-08</u> Date drilling completed: <u>1-8-08</u> Hole depth: <u>120</u> Hole diameter: <u>4"</u> Location of the source of any surface water used for drilling: <u>Wancock County Water &amp; 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) _____ <b><i>If drilling is not related to water well construction, skip the remainder of this block</i></b>	
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 <input checked="" type="checkbox"/> below (circle one) land surface Date measured: <u>1-8-08</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>120</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix Casing length: <u>110</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>1.006</u> inches Setting depth: From <u>110</u> feet to <u>120</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. <b><i>If telescoped or more than one screen, describe on next page</i></b>	

Form: OLWR-SWR-1A

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K-663

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

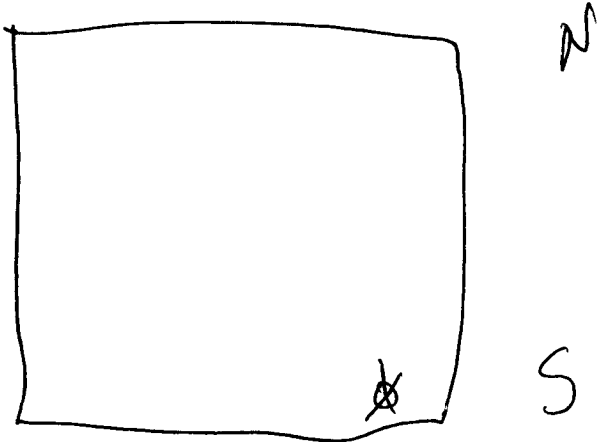
Ground Level \_\_\_\_\_

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	
MUD SAND	0	30
SAND	30	60
BLUE CLAY	60	100
SAND	100	120

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: Garci Bayle Thomas

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 laws.

Robert Necaise 0-660 1-8-08

[Signature]

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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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: Winnick  
 Permit #: \_\_\_\_\_  
 Driller: Newwise Well Service  
 Date completed: 1-20-08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K-663  
 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>Garcia Bayle Norma</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6015 East Chickasaw</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>7</u> T <u>9</u> R <u>14</u>
Telephone No. <u>(228) 341-3601</u>	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>N</u> of <u>Lakeshore</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>1-20-08</u>	Setting Depth: <u>30</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 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      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

Form: OLWR-SWR-1B  
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