Dilance of Li	State Well Report	For Office Use Only:
County: Wancoch	Part 1 – Driller's Log	
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:
		Well #: A = Ge7
Driller: Necaise Well Service	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: <u>1-15-08</u>	(601)961-5210	
	(601)354-6938 (fax)	E-log #:
State Law requires that this repo	rt be prepared by the license holder responsible for t s within 30 days of completion of drilling of the well	the work and filed with the
Information on Well	Owner Well or Bo	orehole Location
(Landowner if borehole is not f	A Latitude: 0 '	_" Longitude:^
Owner Name Clabertat G	or cummina	
Mailing Address: 4241 W.	Grenard Method of Lat/Long (circle or	ne): Conventional Survey,
		GPS, Survey-grade GPS
Prillet dol	uo MS 1/2 Sec_6	Twn_ Rng K
City Sta	ate Zip Code Distance Direction	Nearest Jown
Telephone No. (<u>338) 467-</u> 0	9699 <u> </u>	OI WITTLY HOKE
	Well / Borehole Data	<u></u>
Date drilling started: 1-15. D8 Date d	rilling completed: 1-15.08 Hole depth: 13.0	Hole diameter:
Method of dosing and volume of Chlorir		
Name of organization running log(s):	n Electric Gamma Ray Density Sonic Neutron	
Purpose of borehole (check one): Water V	Vell <u>Ceotechnical/Geological Investigation</u> Ground	d Source Heat Pump
	SurveyOther (describe) d to water well construction, skip the remainder of this bl	lock
Purpose of Well (check one): Home	// Industrial Public Supply Irrigation Fish Culture	Other:
If a flowing well, method of flow regulati	on: Valve Other (describe)	
Static Water Level:feet a	bove or below (circle one) land surface Date measured:	1-15.08
Method of Measurement (circle one)		
	epth offeet Type of grout (circle one): Neat Cen	
	ing diameter:inches Type of casing:	A . A
*	een diameter:inches Type of screen:	
~~!	Setting depth: Fromfeet to	20_feet
Screen slot size: $, OOQ$ inches	and the second sec	
	Gravel packed Underreamed Telescoped Oper	hole Natural Development
Screen slot size: <u>, OOQ</u> inches Type of completion (circle all applicable)	Gravel packed Underreamed Telescoped Oper Other (describe):	-

5

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The sketch below only required for water wells

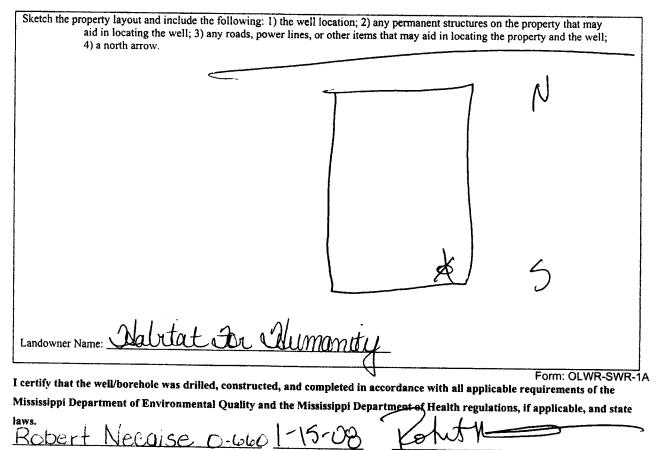
If well telescopes, show depths on sketch. Ground Level_____

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)

Description of Formations Encountered	riom (depui)	10 (depin)
	Ground Level	
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SAND (30	100
BILLECIAY	60	TOD
SAND	100	120
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If more than one screen, show location of each on sketch



Date

Print Name of Responsible Licensee and License No.

Signature of Licensee

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STATE WELL REPORT					
County: <u>DOMCOCH</u> Permit #: Driller: <u>NeichiSc Well Service</u> Date completed: <u>1-15-08</u> <u>Copy information from block on Part 1</u> This part of the report must be completed report must be attached and both parts fil Well Owner Informat Owner Name: <u>Well Owner Informat</u> Owner Name: <u>Well Owner Informat</u> Mailing Address: <u>62410</u> . <u>City</u> State Telephone No. <u>238</u> 4167-91	P Pump Installer' Mississippi Departmen Office of Land P.O.J Jackson, N (601) (601)35 by a licensed water well ed with the Department a tion	art 2 s Completion Report at of Environmental Quality and Water Resources Box 10631 AS 39289-0631 1961-5210 4-6938 (fax) contractor or a licensed pump in at the above address within 30 d Well ULatitude: Method of Lat/Long (check or USGS quad, Hand-held 4 Sec(Distance Direction	ays of well completion. I Location Longitude: ne): Conventional Survey, GPS, Survey-grade GPS		
Pump Type Circle one Air Lift Jet Submersible		Power Type Circle one Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary Other (specify): Date Pump Installed:5-0% Rated Pump Capacity:0		1	1		
Pump Test Data		Method of Me	asuring Water Level		
Date Well Tested:Feet Static Water Level (A):Feet Pumping Water Level (B):Feet	Below Land Surface Below Land Surface	Ci Air Line Electric Mea Other (specify):	suring Line Steel Tape		
Drawdown [(B) - (A)]:Feet		For flowing well, measured shut in head:feet			
Test Pumping Rate: Duration of Pump Test (minimum 4 hours):	-	Well yieldedfeet after	GPM with a drawdown ofhours of pumping		
I HEREBY CERTIFY that the above staten Rebert Necaise Print Name of Pump Installer and License N	C-lobo	finy knowledge. Signature of Pump In	staller Form: QLWR-SWR-1B		

4

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