

County: Wancock  
 Permit #: \_\_\_\_\_  
 Driller: Norfolk Well Service  
 Date drilling completed: 2-9-08

**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-683  
 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	Well or Borehole Location
<p><i>(Landowner if borehole is not for a water well)</i>            Owner Name: <u>Guy Coat Contractors</u>            Mailing Address: <u>4894 E. Newton</u>  <u>Bay St Louis, MS</u>            City State Zip Code            Telephone No. ( ) _____</p>	<p>Latitude: _____ Longitude: _____            Method of Lat/Long (circle one): Conventional Survey,            USGS quad, Hand-held GPS, Survey-grade GPS            _____ 1/4 _____ 1/4 Sec <u>6</u> Twn <u>25</u> Rng <u>14a</u>            Distance Direction Nearest Town  <u>2</u> Miles <u>N</u> of <u>Lakeshore</u></p>
<b>Well / Borehole Data</b>	
<p>Date drilling started: <u>2-9-08</u> Date drilling completed: <u>2-9-08</u> Hole depth: <u>110</u> Hole diameter: <u>4"</u>            Location of the source of any surface water used for drilling: <u>Wancock City Water &amp; Sewer</u>            Method of dosing and volume of Chlorine used in drilling and development: _____            Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron 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) _____</p>	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
<p>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>2-9-08</u>            Method of Measurement (circle one) <u>steel tape</u> electric tape 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 <u>Mix</u>            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>.004</u> inches Setting depth: From <u>100</u> feet to <u>110</u> feet            Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole 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></p>	

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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: Waltham  
 Permit #: \_\_\_\_\_  
 Driller: Newswell Service  
 Date completed: 2-23-08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K-683  
 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>Gulf Coast Contractors</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6094 E. 4th Street</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. (____) _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>N</u> of <u>Lakeland</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: _____
Date Pump Installed: <u>2-23-08</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Robert Nicaise 01660                      Robert Nicaise  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer