	State Well Report	
County: HANCOCK	Part 1 - Driller's Log	For Office Use Only:
County: 1/16	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	Well#: K-693
Driller: NECOTIFE WELL	P.O. Box 10631	Well#:
	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 2-20-08	(601)961-5210	1. O. Literativiti
	(601)354-6938 (fax)	E-log #:
State Law requires that this report Department at the above address Information on Well O	t be prepared by the license holder responsible for within 30 days of completion of drilling of the wel	ll or borehole.
(Landowner if borehole is not for		orehole Location
Owner Name Ollman		Longitude:
Mailing Address: 4090 &		one): Conventional Survey,
Thinling I routess.	USGS quad. Hand-hele	d GPS, Survey-grade GPS
Baustala	1101MS - 1/4 Sec_1	Twn 95 Rng 14 m
City State		Nearest Town
Telephone No. (28 831-804	Miles Miles	of Kalendari
	Weil / Borehole Data	
	ling completed 2008 Hole depth: 140'	
Location of the source of any surface water Method of dosing and volume of Chlorine	used for drilling: HANCOCK COUNT	14 CONTRIL - SEWER
Logs run (circle all applicable): No log run Name of organization running log(s):	Electric Gamma Ray Density Sonic Neutron	Other:
Purpose of borehole (check one): Water We	Il Geotechnical Geological Investigation Ground	d Source Heat PumpCE/VEC
Seismic Si	urveyOther (describe)	MAR 03 2008
If drilling is not related t	o water well construction, skip the remainder of this bi	lock Ale 3 2000
•	dustrialPublic SupplyIrrigationFish Culture	Other: OLV
	: Valve Other (describe)	. 'A
Static Water Level: 12 feet abo	ve of below (circle one) land surface Date measured:	2.30.08
Method of Measurement (circle one) (stee	el tape electric tape air line other:	
Well depth: Well grouted to a dept	th of 16 feet Type of grout (circle one): Neat Cerr	nent Bentonite Mix
Casing length: 100 feet Casing	diameter:inches Type of casing:	PVC
Screen length: 10 feet Screen	n diameter:	PVC
Screen slot size: 1000 inches	Setting depth: From 130 feet to 14	4 <u> </u>
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

The sketch	below	only	required	for	water	wells
****	7.7	2111		1.04		/* C113

If well telescopes, show denths on sketch.
Ground Level\_\_\_\_\_

## <u>Description of formations encountered must be provided for all</u> wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
MVD	0	20
SAND	20	100
B. CIAY	100	100
SANO	100	140
	<u> </u>	
		1

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

Sketch the property layout and include the following: 1) the valid in locating the well: 3) any roads, now as I'm	well location: 2) any permanent structures on the property that may
4) a north arrow.	es, or other items that may aid in locating the property and the well;
	Rr.
	· IECEII.
	MAD - VER
	AL "3m
	BY: OLWA
	aws a
	\ \ \ <b>X</b> (
	4
$\Lambda$ $\Lambda$	
Landowner Name: <u>Or Imam Woma</u>	

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 Licensee

## STATE WELL REPORT

## Pennit #:

Part 2
Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:
Aquifer:
Well #: 1 - 698
Elevation:

Driller: NECHEST WALL	P.O. Box 10631	ļ <del></del>	Y / GO
Date completed: 2-20-08	Jackson, MS 39289-0631 (601)961-5210	Well #:	1-693
Copy information from block on Part 1	(601)354-6938 (fax)	Elevation:	
This part of the report must be completed by a li	icensed water well contractor or a	licensed pump installer. A c	opy of Part 1 of the
report must be attached and both parts filed with Well Owner Information	n the Department at the above and	iress within 30 days of well co Well Location	ompletion.
Owner Name DUMAN DUM	MAD I I assumed to	T an alandar	
	n u i l	Longitude:	
Mailing Address: 1090 East KI	Method of La	tt Long (check one): Convent	ional Survey,
0 0/1 (1)	USGS quad_	Hand-held GPS Su	rvey-grade GPS
Day & James 4	MS	14 Sec_ 7 T 9	R 14
Ciry	Zip Code		
Telephone No. 28, 831-8066	Distance	Direction Nearest	
elephone No. ODO) O SI BOOG		les <u>9</u> of Ja	propore
Pump Type		Power Type	
Circle one		Circle one	
dr Lift Jet Subn	mersible Diesel Engine	Gasoline Engine	Natural Gas
ducket Piston Turb	ine Electric Moto	or Hand	Tractor PTO
entrifugal Rotary Flow	ving Well Windmill	Other (specify):	MAR 2008
Other (specify):	Horse Power	<b>-</b>	CEIL
late Pump Installed: 2 - 20 - 08	Setting Denth	. 40'	MAR
ated Pump Capacity:	Journa Depar	Rating of Motor:	7:003 2000
ated Pump Capacity: 10 Gallor	ns Per Minute Number of St	ages:	-0/1/2
Pump Test Data		Method of Measuring Wat	erlovel
ate Well Tested:		Circle one	u. Devel
	Air I ine	Electric Measuring Line	Steel Tape
tatic Water Level (A):Feet Below	Other (specifi	y):	
umping Water Level (B):Feet Below	Land Surface	1 P	
rawdown [(B) - (A)]:Feet Below	Land Surface For flowing v	vell, measured shut in head: _	feet
		GPM with	a drawdown of
est Pumping Rate:Gallor	ns Per Minute Well yielded	GI WI WILL	

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

Form: OLWR-SWR-1B