	- State We	ll Report	
County: HANCOCK	Part 1 – Dr	-	For Office Use Only:
Permit #:	Mississippi Department o		Aquifer:
	Office of Land and P.O. Boy		Well #: K - 696
Driller: NECHIGE WELL	Jackson, MS		L. S. Elevation:
Date drilling completed: 2-25-08	(601)96	1-5210	
	(601)354-6	5938 (fax)	E-log #:
State Law requires that this repo	ort be prepared by the licens	se holder responsible for i	the work and filed with the
Department at the above addres	<u>ss within 30 days of complet</u>		or borehole. The second s
Information on Well Owner (Landowner if borehole is not for a water well)			
Owner Name Gulf Stram	Auglomment, 1	_atitude:°	" Longitude:'
		vlethod of Lat/Long (circle or	ne): Conventional Survey,
Mailing Address: 10854 6. F	THE DT.		
- <del></del>		USGS quad. Hand-held GPS, Survey-grade GPS	
Bay St. doub MS City State Zip Code		<u> </u>	Twn S Rng Th
		Distance Direction Neagest Town Miles of ADDI	
Telephone No. 239, 549-7	718 -	$\Delta$ Miles $\underline{Y}$	of Cartonou
-	Well / Borehol		
Location of the source of any surface wa Method of dosing and volume of Chlori	tter used for drilling: ne used in drilling and develops	ment:	4 (0417212 - Selber
Location of the source of any surface wa Method of dosing and volume of Chlori Logs run (circle all applicable): <u>No log r</u> Name of organization running log(s): Purpose of borehole (check one): Water V	ter used for drilling:A ne used in drilling and develops un Electric Gamma Ray [	Density Sonic Neutron	9 (0417612 - Seiber Other:
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Form: OLWR-SWR-1A

K- 696

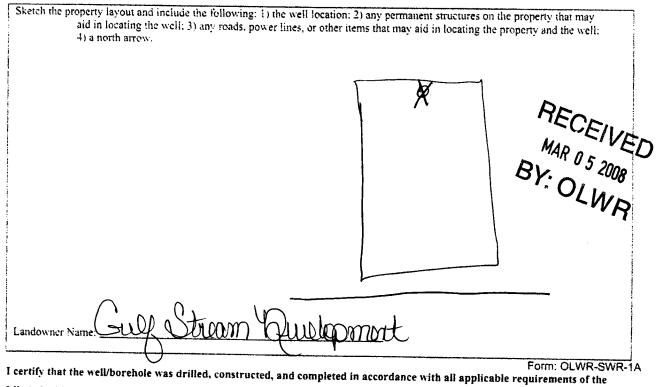
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

## The sketch below only required for water wells

If well telescopes, show denths on sketch. Ground Level

nd Level	Description of Formations Encountered	From (depth) To (depth)
	-	Ground Level
		0 20
	SHAR!	- AD (0D
1	DH	60 90
	<u> </u>	40 120

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



Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

laws NECHY 27 5 - F

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

STATE WELL REPORT						
<u>report must be atta</u>	45- WAL 3-13-08 <u>om block on Part 1</u> port must be comple inched and both part. Well Owner Infor	Pump Installer' Mississippi Departmen Office of Land P.O. Jackson. N (601 (601)35 the by a licensed water well s filed with the Department a	tt the above address within 30 d Wel Latitude: Method of Lat Long (check or USGS quad, Hand-held	I Location _ Longitude: ne): Conventional Survey, GPS, Survey-grade GPS		
Telephone No.	117 549 -	<u>te</u> Zip Code 7718	V4    V4     Sec       Distance     Direction      Miles    o	r R7_ Nearest Town fAUKUDHOUL		
Pump Type Circle one		Power Type Circle one				
Air Lift	Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas		
Bucket	Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal	Rotary	Flowing Well	Windmill Other (	specify):		
Other (specify):		······································	Horse Power Rating of Motor:			
Date Pump Installed: 3-13-08			Setting Depth:			
Rated Pump Capacit	»: <u> </u>	Gallons Per Minute	Number of Stages:			
	Pump Test Da	ta	Method of Me	asuring Water Level		
Date Well Tested:				rcle one		
		eet Below Land Surface	Air Line Electric Meas Other (specify):			
Drawdown [(B) – (A	۱)]:F	eet Below Land Surface	For flowing well, measured sh	ut 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 afterhours of pumping			
LHEREBY CERTIF KCPE227 Print Name of Pump	ECAKE	tements are true to the best of <u> O</u> ( <u>G</u> ( <u>C</u> ) ie No. (if applicable)	Emy knowledge.	staller Form: OLWR-SWR-1B		

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