	State Well Report	
County: HANCOCK	Part 1 - Driller's Log	For Office Use Only:
County: MINCCCCP	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	Well #: K - 718
Driller: NECHIGE WELL	P.O. Box 10631	Well #:
	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: <u>39-08</u>	(601)961-5210	
	(601)354-6938 (fax)	E-log #:
	rt be prepared by the license holder responsible for within 30 days of completion of drilling of the well	
Information on Well (		orehole Location
(Landowner if borehole is not f		
Owner Name Cul Stream	1 Autompt Latitude:	" Longitude:' "
	1 O I Marked of Lot Long (simple o	nc): Conventional Survey,
Mailing Address: <u>4137</u> W.	Land St Stended of Earlong (circle o	CDS Summer CDS
	-	I GPS, Survey-grade GPS
Bay St. of	1110 M5 4 Sec_6	
ing Dt. (1	te Zip Code Distance Direction	Norman Trans
$\begin{array}{c} \text{City} \\ \hline \\ $		of Lak MANNO
Telephone No. 239, 549-17	<u>//8</u>	
	Well / Borehole Data	
2000	illing completed: <u>2.9-08</u> Hole depth: <u>110'</u>	<b>7</b> <sup>11</sup>
Date drilling started: $\cancel{9} \cancel{9} \cancel{0} \cancel{0}$ Date dr	illing completed: V-705 Hole depth: 110	Hole diameter:
Location of the source of any surface wat Method of dosing and volume of Chlorin	er used for drilling: <u>HANCOCK</u> COUNT is used in drilling and development:	4 WATER - Sewer
-		
Logs run (circle all applicable): <u>No log ru</u> Name of organization running log(s):	Electric Gamma Ray Density Sonic Neutron	Other:
Purpose of borchole (check one): Water W	Fell Geotechnical Geological Investigation Groun	d Source Heat Pump
	SurveyOther (describe) d to water well construction, skip the remainder of this b.	lock
1		
Purpose of Well (check one): Home 🗹	Industrial Public Supply Irrigation Fish Culture	Other:
If a flowing well, method of flow regulation	on: Valve Other (describe)	
Static Water Level: 17 Faat al	bove or below (circle one) land surface Date measured:	2-9-08
Method of Measurement (circle one)		, 
Well depth: 10 Well grouted to a de	cpth of <u>t</u> feet Type of grout (circle one): Neat Cer	nent Bentonite (Mix)
Casing length: 100 foot Cari	ng diameter:inches Type of casing:	PUC -
County tongen ICCI Casi	ing diameterincres Type of casing:	Duc
	een diameter:Z inches Type of screen:	1 -
Screen slot size: <u>COC</u> inches	Setting depth: From feet to	10feet
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 serv	een, describe on next page
		Form: OLWR-SWR-
		RECEIVED
		MAD 2 0 2008

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MAR 2 0 2008 BY: OLWR

## The sketch below only required for water wells

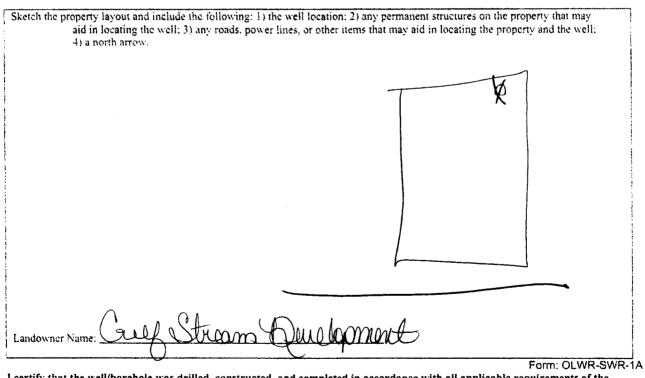
If well telescopes, show depths on sketch.	
Ground Level	

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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	0	20
SAMPI	20	LOD
3 CH	10	95
3AFNIJ	90	110
	4	
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	+	
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	1	

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



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

RECEIVED Signature of Licensee

Print Name of Responsible Licensee and License No.

Date

MAR 2 0 2008

**BY: OLWR** 

STATE WELL REPORT					
Permit #: Pump Installer   Driller: NECHEE Mississippi Departm Office of Lanc P.O   Date completed: 3-21-D8 Jackson. (60   Copy information from block on Part 1 (601)3	Part 2 r's Completion Report ent of Environmental Quality d and Water Resources . Box 10631 MS 39289-0631 1)961-5210 354-6938 (fax) H contractor or a licensed pump installer. A copy of Part 1 of the				
report must be attached and both parts filed with the Department Well Owner Information Owner Name: 944 Structure Mailing Address: 937 W. Ramay St Day St Rowal, Zip Code Telephone No. 339, 549-7718	t at the above address within 30 days of well completion. Well Location				
Pump Type Circle one     Air Lift   Jet   Submersible     Bucket   Piston   Turbine     Bucket   Piston   Turbine     Centrifugal   Rotary   Flowing Well     Other (specify):	Power Type Circle one     Diesel Engine   Gasoline Engine   Natural Gas     Electric Motor   Hand   Tractor PTO     Windmill   Other (specify):				
Pump Test Data     Date Well Tested:	Method of Measuring Water Level Circle one     Air Line   Electric Measuring Line   Steel Tape     Other (specify):				
<u>Print Name of Pump Installer and License No. (if applicable)</u>	Signature of Pump Installer Form: OLWR-SWR-1B RECEIVED APR 0 3 2008				

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