

Part 2 never received 3/13

County: hancock
 Permit # _____
 Driller: Elmer
 Date drilling completed: 3-10-08

Well Driller Report and Well 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-758
 F.S. Elevation _____
 E-log # _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Water Pond Cont LLC</u>	Latitude: <u>30° 17' 35.8" N</u> Longitude: <u>089° 26' 36.4" W</u>
Mailing Address: _____	Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Conventional Survey, _____
<u>7950 Summerlin Lakes Drive</u>	USGS quad, <u>(hand-held GPS)</u> , Survey-grade GPS
<u>ft Myers FL 33907</u>	<u>NE 1/4 SW 1/4 Sec 6</u> Twn <u>9S</u> Rng <u>14W</u>
City State Zip Code	Distance _____ Miles Direction _____ of Nearest Town _____
Telephone No. (____) _____	<u>6100 west Madison</u>

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 3-10-08 Date well drilling completed: 3-10-08

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 3-10-08

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 125 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: sch 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: sch 40

Screen slot size: .01 inches Setting depth: From 110 feet to 120 feet

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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Barrett Johnson 0-793
 Print Name of Water Well Contractor and License No.

RECEIVED
 MAR 25 2008
 Signature of Water Well Contractor
BY OLWR

If well telescopes please sketch below and show depths

