

Part 2 never received 3/13

County Hancock
 Permit # _____
 Driller Eimer
 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-759
 I.S. Elevation _____
 F-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

Owner Name Welder Pond
 Mailing Address: _____
7950 Summerlin Lakes Dr
FF Myers FL
 City State Zip Code
 Telephone No. (____) _____

Well Location

Latitude: 30° 17' 04" N Longitude: 89° 26' 46" W
 Method of Lat/Long (circle one): Hand-held GPS Conventional Survey, Survey-grade GPS
 USGS quad, Sw 1/4 Sw 1/4 Sec 6 Twn 9s Rng 14w
 Distance _____ Miles Direction _____ Nearest Town 6085 East Bolivar

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: _____

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.

Brenton Parsons 0-793
 Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths

K-759

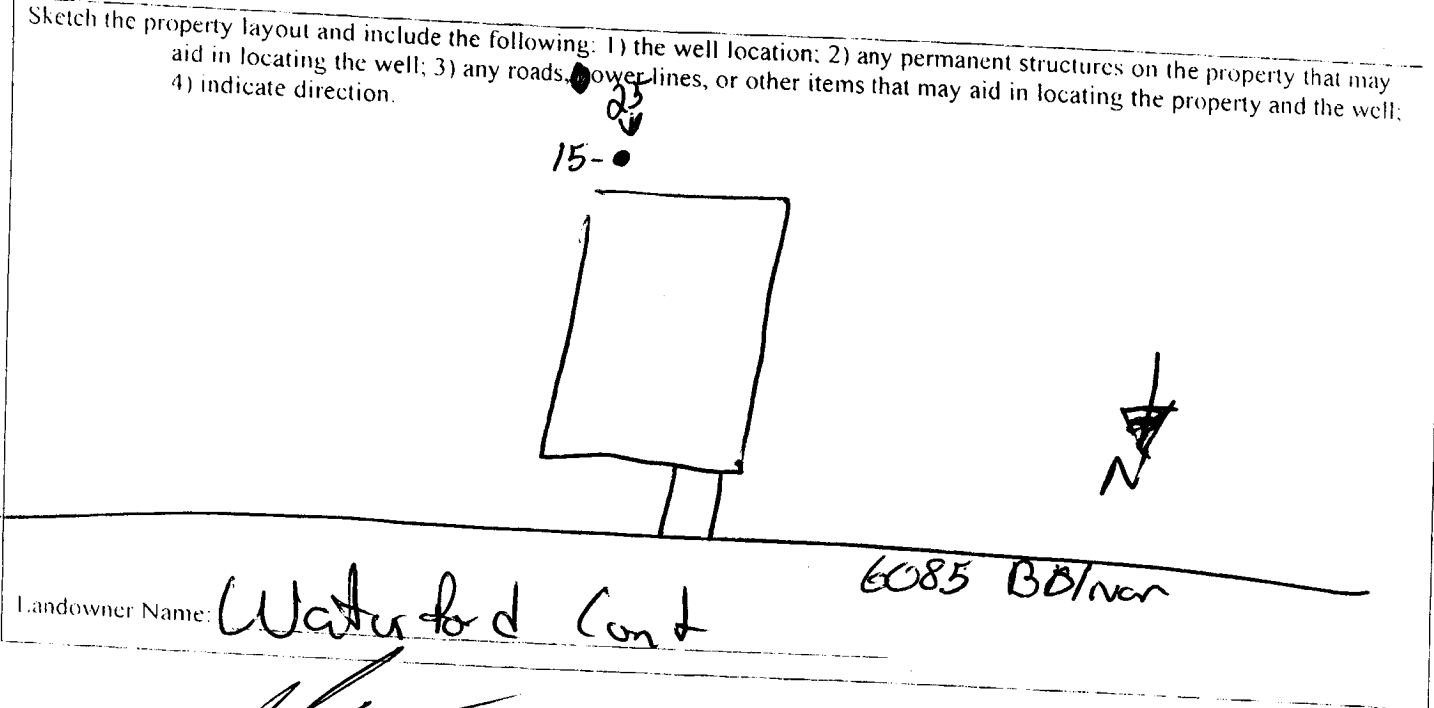
Ground Level

Description of Formations Encountered

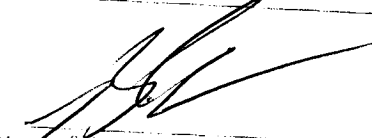
Description of Formations Encountered	From	To
Sand	0	10
white & Brown clay	11	20
brown sand	21	49
black sand	50	69
green clay	70	89
blue sand	90	125

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Waterford Cond 6085 BB/Var


 Signature of Water Well Contractor

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