State Well Report Part 1 - Driller's 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-763 L. S. Elevation: E-log =:						
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.						
Information on Well Owner (Landowner if barehole is not for a water well)						
Owner Name Gulf Stream Duelom	Owner Name Culture Sy ale versional Survey. Owner Name Culture Sy ale versional Survey.					
Mailing Address: 10854 & OKTOKA	Method of Lat Long (circle of	ne): Conventional Survey,				
Walning Address. 1977 7 Co.	- ·	I GPS, Survey-grade GPS				
BALLOST VALLIA, MYS	NE 14 SW 14 Sec Q	_ Twn_ 9 Rng 14 W				
City State Zip Gode Telephone No. (239) 549-7718	Distance Direction Miles	ofNearest Town				
Date drilling started: 3.408 Date drilling completed: 3.44	rehole Data Hole depth: 120	Hole diameter:				
Location of the source of any surface water used for drilling: HANCOCK COUNTY WATER SOLUTION Method of dosing and volume of Chlorine used in drilling and development:						
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:						
Purpose of borehole (check one): Water Well Geotechnical Ge	ological Investigation Ground	d Source Heat Pump				
Seismic SurveyOther (describe)						
Purpose of Well (check one): Home / Industrial Public Supply Irrigation Fish Culture Other:						
If a flowing well, method of flow regulation: Valve Other (describe)						
Static Water Level: 12 feet above of below (circle one) land surface Date measured: 3-14-08						
Method of Measurement (circle one) steel tape electric tape air line other:						
Well depth: 100 Well grouted to a depth of 16 feet Type of grout (circle one): Neat Cement Bentonite Mix						
Casing length: 10 feet Casing diameter: 2 inches Type of casing: PVC						
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC						

Setting depth: From _____

Other (describe): ___

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Screen slot size: 1006 inches

Top of lap pipe or reduction in easing:

Form: OLWR-SWR-1A

____feet to _____feet

feet. If telescoped or more than one screen, describe on next page

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If more than one screen, show location of each on sketch setch the property layout and include the following: 1) the well location: 2) any permanent structures on the property has 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) a north arrow.	Cought salaman and a salamatan and a salamatan	wells and boreholes, unless specifically	nations encountered must be provided for all cs. unless specifically exempted by regulations		
If more than one screen, show location of each on sketch etch 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) a north arrow.	Ground Level	Description of Formations Encountered	From (depth) To (dept		
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Form: OLWR-SWR iffy that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the	etch the property layout and include the following: 1) the waid in locating the well: 3) any roads, power line 4) a north arrow.	s, or other items that may aid in locating the pro	property that may porty and the well		

Date

Print Name of Responsible Licensee and License No.

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Signature of Licensee

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BY: OLWR

STATE WELL REPORT

County: HANCOCIL Permit #: Driller: NECHEF WILL Page completed: 422-DR

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality

Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210

For Office Use Only:		
Aquifer:		
Well =: K-763		
Elevation:		

Date completed: 100.08		1\$ 39289-0631 961-5210	Well a:	
Copy information from block on Part 1	Elevation:			
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the				
report must be attached and both parts file Well Owner Informati	d with the Department a		rs of well completion.	
	_			
1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	actinicompo	Latitude:	Longitude:	
Mailing Address: US54 6. C				
J 1		USGS quad Hand-held (GPS Survey-grade GPS	
Pay St. Jour	A VYS	¼ ¼ Sec()	_ <u> </u>	
cn, () state	,	Distance Direction	Nearest Town	
Telephone No. (239) 549 - 77/	8	1 Miles 9 of Yakaphou		
Pump Type Circle one	,		rer Type rele one	
Air Lift Jet	Submersible	Diesel Engine Gasoline	: Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other (s	pecify):	
Other (specify):		Horse Power Rating of Motor:		
Date Pump Installed: 492-08		Setting Depth: 40	feet	
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:		
Pump Test Data		Vathod of Mos	suring Water Level	
Date Well Tested:			cle one	
Static Water Level (A): Feet F		Air Line Electric Meas	uring Line Steel Tape	
		Other (specify):		
Pumping Water Level (B):Feet B	elow Land Surface			
Drawdown [(B) - (A)]:Feet B	Below Land Surface	For flowing well, measured shu	it 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 after	hours of pumping	
HEREBY CERTIFY that the above statements are true to the best of my knowledge. Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer and License No. (if applicable)				

JUN 0 6 2008

BY: OLWR