1	State W	ell Report	
distancy		Driller's Log	For Office Use Only:
County: HANCUCK		t of Environmental Quality	Aquifer:
Permit #:		and Water Resources	Aquifer: K- 765
Driller: Necetife USELL		Box 10631	
Date drilling completed: 3-15-08		1S 39289-0631	L. S. Elevation:
Date drilling completed: <u>0 0 0 0 0</u>		961-5210 4-6938 (fax)	E-log =:
State Law requires that this repor Department at the above address Information on Well C	within 30 days of comp	pletion of drilling of the well	the work and filed with the
(Landowner if borehole is not fo			
Owner Name GUORStroam	<b>^</b>	Latitude:'	" Longitude:°'
Mailing Address: UP95 W. 2		Method of Lat Long (circle or	ne): Conventional Survey,
Maining Address.		-	GPS, Survey-grade GPS
Baus & Jam	NYMS	¼ ¼ SecL	
City Sta	te Z <del>ip</del> Code	Distance Direction	of Karlown
Telephone No. <u>239</u> , <u>549-77</u>			
<u> </u>	Well / Bore	•	<b>A</b> 4
Date drilling started 345-08 Date dr		-	
Location of the source of any surface wate Method of dosing and volume of Chlorin	er used for drilling:	ANCOCK COUNT	<u>4 (047712 - Sewell</u>
Logs run (circle all applicable): No log ru Name of organization running log(s):			
Purpose of borchole (check one): Water W	ell Geotechnical Geol	logical Investigation Ground	I Source Heat Pump
		e)	
Purpose of Well (check one): Home 🗹	ndustrial Public Supply	y Irrigation Fish Culture	Other:
If a flowing well, method of flow regulation			
Static Water Level: 12 feet at	ove of below (circle one)	land surface Date measured:	3-15.09
Method of Measurement (circle one)			
Well depth: $100$ Well grouted to a do			
Casing length: <u>90</u> feet Casi			
Screen length:fcct Scree		$\cap$	
Screen slot size: <u>+COC</u> inches			-
Type of completion (circle all applicable):	Gravel packed Under	rreamed Telescoped Open	hole Natural Development
	Other (describe):		······
Top of lap pipe or reduction in casing:	feet. If te	lescoped or more than one scre	<u>en, describe on next page</u>

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K-765

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The sketch below only required for water wells

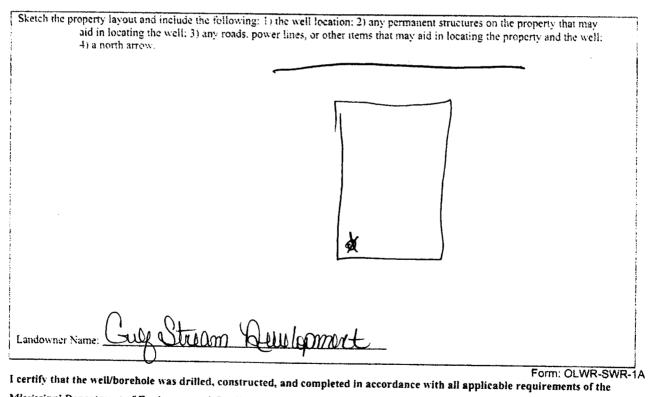
<u>f well teles</u>	copes, show	denths	on sketch.
Ground	Level	⇒	

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)

7	Description of Formations Encountered	From (depth)	Io (depth)
		Ground Level	
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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 3-15-08 KE NECA

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Print Name of Responsible Licensec and License No.

Date

Signature of Licensee

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•	STATE WE	ELL REPORT		
County: <u>HTMNCOCIL</u> Permit #: Driller: <u>NECHIEF</u> WELL Date completed: <u>3-18-08</u> <u>Copy information from block on Part 1</u>	Pump Installer's Mississippi Departmen Office of Land a P.O. E Jackson, N (601)	art 2 Completion Report t of Environmental Quality ind Water Resources Box 10631 15 39289-0631 961-5210 4-6938 (fax)	For Office Use Only: Aquifer: Well #: K-765 Elevation:	
This part of the report must be completed	by a licensed water well o	contractor or a licensed pump	installer. A copy of Part 1 of the	
report must be attached and both parts fi Well Owner Informa	<i>ed with the Department a</i> tion		days of well completion.	
Owner Name Such Stronm	Bullomet	1 originale.	Longitude:	
	the			
Mailing Address: (1954). 50 revolt Bay of Auto, MS City J. State Zip Code Telephone No. (239), 549-7718		Method of Lat Long (check one): Conventional Survey USGS quad Hand-held GPS Survey-grade/GPS 		
Pump Type Circle one		Power Type		
		C	ircle one	
Air Lift Jet	Submersible	Diesel Engine Gasolin	ne Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):	
Other (specify): Date Pump Installed:3-18-08 Rated Pump Capacity:10	Gallons Per Minute	Horse Power Rating of Motor Setting Depth:4		
Pump Test Data		Viethod of Mo	asuring Water Level	
Date Well Tested:			ircle one	
Static Water Level (A):Feet Pumping Water Level (B):Feet	1	Air Line Electric Mea Other (specify):	201	
Drawdown [(B) - (A)]:Feet	Below Land Surface	For flowing well, measured sh	nut in head:feet	
Test Pumping Rate:	Gallons Per Minute	Well yielded		
Duration of Pump Test (minimum 4 hours):	1		hours of pumping	
I HEREBY CERTIFY that the above statem	conte ara trus to the heart			
	Color	my knowledge.		
Print Name of Pump Installer and License N	io. (if applicable)	Signature of Pump In:	staller	
			Form: OLWR-SWR-1B	
			RECEIV	
			•	

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