| | State Wel | ll Report | | | | |
|---|---|-------------------------------|-----------------------|--|--|--|
| County: HHINCUCK | Part 1 – Dri | - | For Office Use Only: | | | |
| | Mississippi Department o | | Aquifer: | | | |
| Permit #: | Office of Land and | 1 | Well #: K- 767 | | | |
| Driller: NECOTISE WELL | P.O. Boy | | | | | |
| Date drilling completed: 3-18-08 | Jackson, MS (601)96 | | L. S. Elevation: | | | |
| Date driving completed. | (601)354-6 | | 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 | Department at the above address within 30 days of completion of drilling of the well or borehole. | | | | | |
| Information on Well O | | | rehole Location | | | |
| (Landowner if borehole is not fo | | _atitude:° | " Longitude:°' | | | |
| Owner Name BUU Dah Con Mailing Address: 4059 E. | NULL CHUL | lethod of Lat Long (circle on | | | | |
| Mailing Address: <u>4437</u> (D. (| USGS quad. | | GPS, Survey-grade GPS | | | |
| Paust day | in ms - | ¼¼ Sec7_ | _TwnRng_/4 | | | |
| City () State | | Distance Direction Miles | Nearest Town | | | |
| Telephone No. (239, 549-7718 | - | <u> </u> | of XAHONUL | | | |
| | | | | | | |
| | Well / Boreho | | 4 | | | |
| Date drilling started: 3-1808 Date drilling completed: 3-1808 Hole depth: 130 Hole diameter: | | | | | | |
| Location of the source of any surface wate Method of dosing and volume of Chlorine | Location of the source of any surface water used for drilling: <u>HANCOCK</u> COUNTY WATER - SEWER 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 borchole (check one): Water Well Geotechnical Geological Investigation Ground Source Heat Pump | | | | | | |
| Seismic SurveyOther (describe) | | | | | | |
| If drilling is not related to water well construction, skip the remainder of this block | | | | | | |
| 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 on below (circle one) land surface Date measured: 3-18-08 | | | | | | |
| Method of Measurement (circle one) steel tape electric tape air line other: | | | | | | |
| Well depth: 190 Well grouted to a depth of 16 feet Type of grout (circle one): Neat Cement Bentonite Mix | | | | | | |
| Casing length: <u>110</u> feet Casing diameter: <u>Z</u> inches Type of casing: <u>PVC</u> | | | | | | |
| Screen length: <u>IC</u> feet Screen diameter: <u>Z'</u> inches Type of screen: <u>PVC</u> | | | | | | |
| Screen slot size: <u>COC</u> inches Setting depth: From <u>110</u> feet to <u>120</u> 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 next page | | | | | | |
| Form: OLWR-SWR-1A | | | | | | |

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K.767

The sketch below only required for water wells

If well telescopes, 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) |
|---------------------------------------|--------------|------------|
| | Ground Level | |
| MUD | 0 | 20 |
| SAND. | AD. | 40 |
| BCIAV | (00) | 90 |
| SAND | 90 | 120 |
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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) a north arrow. Landowner Name: Blue Cak Construction Form: OLWR-SWR-1A 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 £ 5-18-08

Date

Print Name of Responsible Licensec and License No.

Signature of Licensee

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| STATE WELL REPORT | | | | | |
|--|---|--|--|--|--|
| County: HTHNCOCIL | - | art 2 | For Office Use Only: | | |
| Permit #: | | s Completion Report | | | |
| Driller: NECHEE WELL | Mississippi Department of Environmental Quality Office of Land and Water Resources | | Aquifer: | | |
| Date completed: <u>4-24-08</u> | P.O. Box 10631 Jackson, MS 39289-0631 | | Well #: K-767 | | |
| | • · |)961-5210 [4-6938 (fax) | Elevation: | | |
| Copy information from block on Part 1 | | | | | |
| This part of the report must be completed b report must be attached and both parts filed | d with the Department a | contractor or a licens <mark>ed pump</mark> in at the above address within 30 da | nstaller. A copy of Part 1 of the tys of well completion. | | |
| Well Owner Informatio | | Well | Location | | |
| Owner Name: 1200 Dath Comotruction | | Latitude: | Longitude: | | |
| Mailing Address: 4059 6. () | poctaw of | Method of Lat Long (check one): Conventional Survey | | | |
| | C | USGS guad . Hand-held (| GPS Survey-grade GPS | | |
| Bay St Jouis MS | | $\frac{1}{4} \frac{1}{4} \frac{1}$ | | | |
| City J State Zip Code | | Distance Direction Nearest Town | | | |
| Telephone No. <u>39, 549 - 17718</u> | | _2_Miles ofAHDDALL | | | |
| $\frac{1}{1000} = \frac{1}{1000} = 1$ | , | Miles of | aurururur | | |
| Pump Type | | Power Type | | | |
| Circle one | | | rcle one | | |
| Air Lift Jet | Submersible | | e Engine Natural Gas | | |
| | Turbine | Electric Motor Hand | Tractor PTO | | |
| Centrifugal Rotary | Flowing Well | Windmill Other (s | specify): | | |
| Other (specify): | | Horse Power Rating of Motor: | | | |
| Date Pump Installed: <u>4-24-08</u> | | Setting Depth:feet | | | |
| Rated Pump Capacity:CC | Gallons Per Minute | Number of Stages: | | | |
| Pump Test Data | | Method of Mcasuring Water Level | | | |
| Date Well Tested: | | Circle one | | | |
| Static Water Level (A):Feet B | elow Land Surface | Air Line Electric Meas | uring Line Steel Tape | | |
| Pumping Water Level (B):Feet Be | elow Land Surface | Other (specify): | | | |
| Drawdown [(B) - (A)]:Feet B | elow Land Surface | For flowing well, measured shu | it in head:feet | | |
| Test Pumping Rate:G | allons Per Minute | Well yielded | _GPM with a drawdown of | | |
| Duration of Pump Test (minimum 4 hours): | hours | feet after | hours of pumping | | |
| | | | | | |
| I HEREBY CERTIFY that the above statement | nts are true to the best of | -my knowledge. | | | |
| and the first second | (del C | Colette | | | |
| Print Name of Pump Installer and License No. | | Signature of Pump Inst | aller | | |
| | | REC | EIVED | | |
| | | | 0 6 2008 | | |
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| | | BA: (| OLWR | | |

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