| County: HANCOCK | A 3/13 State Well Report Part 1 – Driller's Log | For Office Use Or |
|--|---|--------------------------------|
| - | Mississippi Department of Environmental Quality | Aquifer: |
| Permit #: | Office of Land and Water Resources | Well #: |
| Driller: NECOTIGE UELL | P.O. Box 10631 Jackson, MS 39289-0631 | L. S. Elevation: |
| Date drilling completed: 3-24-08 | (601)961-5210 | |
| | (601)354-6938 (fax) | E-log =: |
| | t be prepared by the license holder responsible for within 30 days of completion of drilling of the wel | |
| Information on Well O | Well or B | orehole Location |
| (Landowner if borehole is not fo | | |
| Owner Name Dulle A. Pag | Vitus) | - |
| Mailing Address: (DQ18 11). 12 | Method of Lat Long (circle o | - |
| | USGS quad, Hand-hel | d GPS, Survey-grade GPS |
| Baust Stall | In (Mg NE 11 NW 14 Sec. (| Twn Rng |
| <u>City</u> City | $(\mu, 975)$ | |
| Telephone No. 504) 259-27/3 | J Milar (| of Lakista |
| | | |
| Location of the source of any surface wate | Iling completed: <u>3-34-08</u> Hole depth: <u>110</u> r used for drilling: <u>HANCOCK</u> <u>COUNT</u> c used in drilling and development: | |
| Location of the source of any surface wate Method of dosing and volume of Chlorine Logs run (circle all applicable) <u>No log run</u> Name of organization running log(s): Purpose of borchole (check one): Water We Seismic S | er used for drilling: | Other: |
| Location of the source of any surface wate Method of dosing and volume of Chloring Logs run (circle all applicable): <u>No log run</u> Name of organization running log(s): Purpose of borchole (check one): Water We Seismic Seismic Seism | er used for drilling: | Other: |
| Location of the source of any surface wate Method of dosing and volume of Chloring Logs run (circle all applicable): <u>No log run</u> Name of organization running log(s): Purpose of borehole (check one): Water We Seismic S <u>If drilling is not related</u> Purpose of Well (check one): Home In | er used for drilling: | Other: |
| Location of the source of any surface wate Method of dosing and volume of Chloring Logs run (circle all applicable): <u>No log run</u> Name of organization running log(s): Purpose of borchole (check one): Water Water Seismic S <u>If drilling is not related</u> Purpose of Well (check one): Home In If a flowing well, method of flow regulation | er used for drilling: | Other: |
| Location of the source of any surface wate Method of dosing and volume of Chloring Logs run (circle all applicable): <u>No log run</u> Name of organization running log(s): Purpose of borehole (check one): Water Wa Seismic S <u>If drilling is not related</u> Purpose of Well (check one): Home In If a flowing well, method of flow regulation | er used for drilling: | Other: |
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| Location of the source of any surface wate Method of dosing and volume of Chloring Logs run (circle all applicable): <u>No log run</u> Name of organization running log(s): Purpose of borehole (check one): Water We Seismic S If drilling is not related Purpose of Well (check one): Home I for If a flowing well. method of flow regulation Static Water Level: <u>IZ</u> feet ab Method of Measurement (circle one) <u>Static</u> Well depth: <u>IIO</u> Well grouted to a dep | r used for drilling: | Other: |
| Location of the source of any surface wate Method of dosing and volume of Chlorine Logs run (circle all applicable): <u>No log run</u> Name of organization running log(s): Purpose of borchole (check one): Water Water Seismic S If drilling is not related Purpose of Well (check one): Home In If a flowing well, method of flow regulation Static Water Level: <u>12</u> feet ab Method of Measurement (circle one) State Well depth: <u>100</u> feet Casing Casing length: <u>100</u> feet Casing | er used for drilling: | 14 (-4171)2 · 5 Other: |
| Location of the source of any surface wate Method of dosing and volume of Chlorine Logs run (circle all applicable): <u>No log run</u> Name of organization running log(s): Purpose of borehole (check one): Water Water Seismic S If drilling is not related Purpose of Well (check one): Home In If a flowing well, method of flow regulation Static Water Level: <u>12</u> feet ab Method of Measurement (circle one) State Well depth: <u>100</u> feet Casing Casing length: <u>100</u> feet Casing | er used for drilling: | 14 (-4171)2 · 5 Other: |
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| Location of the source of any surface wate Method of dosing and volume of Chloring Logs run (circle all applicable): <u>No log run</u> Name of organization running log(s): Purpose of borchole (check one): Water We Seismic S If drilling is not related Purpose of Well (check one): Home I for If a flowing well, method of flow regulation Static Water Level: <u>IZ</u> feet ab Method of Measurement (circle one) <u>Static</u> Well depth: <u>IDO</u> feet Casin Screen length: <u>IC</u> feet Screet Screen slot size: <u>COC</u> inches | r used for drilling: | Other: |

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Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

The sketch below only required for water wells

If well telescopes, show denths on sketch. Ground Level

| und Level | Description of Formations Encountered | From (depth) To (de | epth) |
|-----------|---------------------------------------|-------------------------------|---------------------------|
| | | Ground Level | |
| | muy | $+ \frac{Q}{Q} + \frac{Q}{Q}$ | 0 |
| | | 30 4 | 10 |
| | <u> </u> | 40 1 | $\frac{10}{10}$ |
| | SPH10 | 40 0 | $\underline{\mathcal{O}}$ |
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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. Ь Bouble A Propertie Landowner Name: 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

KOBERT NECHAGE - 0.460 3-34-08

Print Name of Responsible Licensec and License No.

Date

Signature of Licensee

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