

County: Wabasco  
 Permit #: \_\_\_\_\_  
 Driller: Necaise Well Service  
 Date drilling completed: 4-15-08

**State Well Report**  
**Part I - 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-792  
 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 borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Blue Oak Construction</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>62109 E. Madison St.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Bay St Louis, MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>10</u> Twn <u>9 S</u> Rng <u>14 W</u>
Telephone No. <u>251-549-7718</u>	Distance _____ Miles Direction _____ of Nearest Town <u>La Rochelle</u>

**Well / Borehole Data**

Date drilling started: 4-15-08 Date drilling completed: 4-15-08 Hole depth: 110 Hole diameter: 4"

Location of the source of any surface water used for drilling: Wabasco City 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: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_

Scismic Survey \_\_\_\_\_ Other (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 or below (circle one) land surface Date measured: 4-15-08

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 2" inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 100 feet to 110 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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# STATE WELL REPORT

## Part 2

### Pump Installer's Completion Report

Mississippi Department of Environmental Quality  
Office of Land and Water Resources

P.O. Box 10631  
Jackson, MS 39259-0631  
(601) 461-5210  
(601) 254-6435 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: K-792

Elevation: \_\_\_\_\_

County: HANCOCK  
 Permit #: \_\_\_\_\_  
 Driller: NECASE WELL  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

*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 filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Blue Oak Construction</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6269 E. Madison St</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bay St Louis, MS</u> City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. <u>339-549-7718</u>	_____ Sec <u>6</u> T <u>9</u> R <u>14</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>W</u> of <u>Lakeshore</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input checked="" type="checkbox"/> <b>Centrifugal</b> <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> <b>Electric Motor</b> <input type="checkbox"/> Windmill <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO
Date Pump Installed: _____	Horse Power Rating of Motor: <u>1</u>
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Setting Depth: <u>40'</u> feet
	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <b>Steel Tape</b>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

ROBERT NECASE 0-660 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump installer

Form: OLWR-SWR-1B

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