

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

**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-793  
 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>6009 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>	_____ 1/4 _____ 1/4 Sec <u>6</u> Twn <u>9S</u> Rng <u>14W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 549-7718</u>	<u>2</u> Miles <u>N</u> of <u>Lakeshore</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: Winnick 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 \_\_\_\_\_

Seismic 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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The sketch below only required for water wells.

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

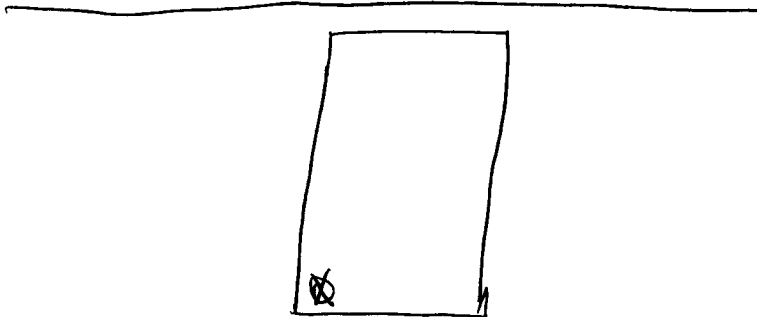
If well telescopes, show depths on sketch.

Ground Level 

Description of Formations Encountered	From Depth To Depth	
	Ground Level	
MUD	0	20
SAND	20	40
B. CLAY	40	90
SAND	90	110

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.

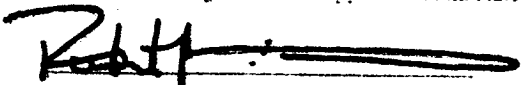


Contractor Name Blue Oak Construction

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 laws.

**ROBERT NECHSE** - 0-660 4-15-08  
Print Name of Responsible Licensee and License No. Date

  
Signature of Licensee

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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 39239-0631  
(601) 961-5210  
(601) 254-6935 (fax)

For Office Use Only:

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

Well #: K-793

Location: \_\_\_\_\_

County: HANCOCK  
 Permit #: \_\_\_\_\_  
 Order: NECAGE WELL  
 Date completed: \_\_\_\_\_  
*Copy information from black 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 Oaks Construction</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4009 E. Madison St</u>	Method of Lat Long (check one): Conventional Survey _____
<u>Bay St. Louis, MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	_____ Sec <u>6</u> T <u>9</u> R <u>14</u>
Telephone No. <u>339 549-7718</u>	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>W</u> of <u>Lakehurst</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> <b>Centrifugal</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <b>Electric Motor</b> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill     Other (specify): _____
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     [Signature]  
 Print Name of Pump Installer and License No. (if applicable)     Signature of Pump Installer

Form: OLWR-SWR-1B

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