

County: Wampanoag
 Permit #: _____
 Driller: Necaise Well Service
 Date drilling completed: 4-21-08

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-800
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Wartford Construction</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>LOT B3 W. Adams</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Bay St Louis, MS</u>	<input type="checkbox"/> USGS quad. <input type="checkbox"/> Hand-held GPS. <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>4</u> Twn <u>9S</u> Rng <u>14W</u>
Telephone No. <u>(601) 794-7711</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>W</u> of <u>Bay St Louis</u>

Well / Borehole Data

Date drilling started: 4-21-08 Date drilling completed: 4-21-08 Hole depth: 110' Hole diameter: 4"

Location of the source of any surface water used for drilling: Wampanoag 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: 4-21-08

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): _____

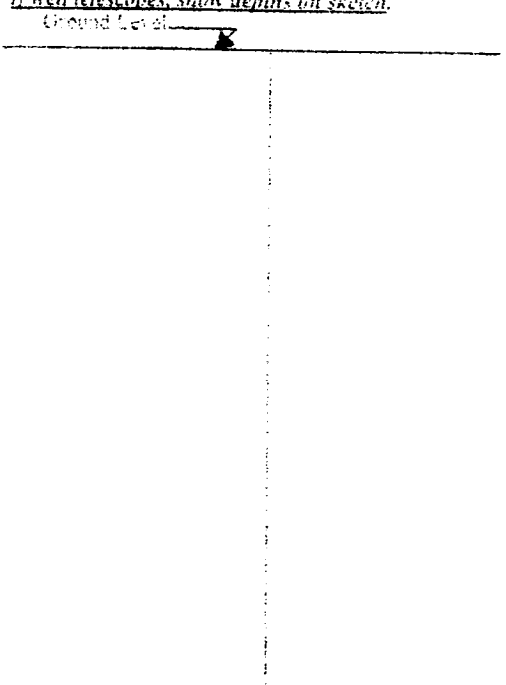
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

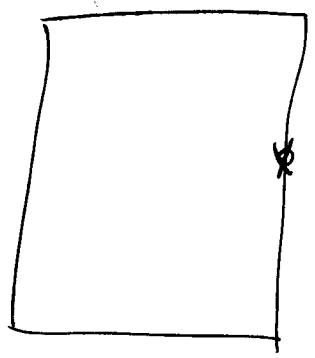


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From depth (Ground Level)	To depth
MUD SAND	0	20
SAND	20	60
SAND	60	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 Wartfield 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

ROBERT NEASE - 0-660 4-21-08

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 39289-0631
(601) 901-5210
(601) 254-6435 (fax)

For Office Use Only:

Aquifer: _____
Well #: K-806
Elevation: _____

County: HAWCOCK
Point: _____
Dweller: NECAFE WELL
Date completed: 4-22-08
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>Clayfield Construction</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Lot 134, Adams</u>	Method of Lat Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Bay St Louis, MS</u> City State Zip Code	_____ Sec <u>6</u> T. <u>9</u> R. <u>14</u>
Telephone No.: <u>601, 794-7711</u>	Distance Direction Nearest Town <u>2</u> Miles <u>W</u> of <u>Lakehurst</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
<u>Centrifugal</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>4-22-08</u>	Setting Depth: <u>40'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
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 NECAFE 0-660 _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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