

County: Winnick
 Permit #: _____
 Driller: Necaise Well Service
 Date drilling completed: 4-16-08

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-809
 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>Blue Oaks Construction</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6115 E. Williams 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	<u>7</u> <u>95</u> <u>14</u> 1/4 Sec Twp Rng
Telephone No. <u>239, 549-7718</u>	Distance <u>2</u> Miles <u>N</u> Direction of <u>Lakewood</u> Nearest Town

Well / Borehole Data

Date drilling started: 4-16-08 Date drilling completed: 4-16-08 Hole depth: 170 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 _____

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: 4-16-08

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

Well depth: 170 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 160 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 160 feet to 170 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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BY: OLWR

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 39289-0131
(601) 354-5210
(601) 354-6935 (fax)

For Office Use Only:

Agency: _____

Well #: K-809

Elevation: _____

County: HANCOCK
 Permit #: _____
 Driller: NECAKE WELL
 Date completed: 6-4-08
 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

Owner Name: Blue Oak Construction
 Mailing Address: 6115 E. Oldham St
Bay St Louis, MS
 City State Zip Code
 Telephone No: 239-549-7718

Well Location

Latitude: _____ Longitude: _____
 Method of Lat Long (check one): Conventional Survey _____
 CSCS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 _____ Sec 7 T 9 R 14
 Distance Direction Nearest Town
2 Miles W of Lakeshore

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
<u>Centrifugal</u>	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1</u>		
Date Pump Installed: <u>6-4-08</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
Static Water Level (A): _____ Feet Below Land Surface	Electric Measuring Line
Pumping Water Level (B): _____ Feet Below Land Surface	<u>Steel Tape</u>
Drawdown (B) - (A): _____ Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: _____ Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): _____ hours	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
ROBERT NECAKE 0-660 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer