County: Hancock

Permit #:

Driller: Necaise Well Service

Date drilling completed: 4-30-08

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-812

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)

Owner Name: Blue Oaks Construction

Mailing Address: 8102 Leake St

Bay St Louis, MS

City State Zip Code

Telephone No. (228) 549-7718

Well or Borehole Location

Latitude: ___° ___' ___" Longitude: ___° ___' ___"

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

___ ¼ ___ ¼ Sec 6 Twn 9 S Rng 14 W

Distance 2 Miles Direction N of Nearest Town Lakeshore

Well / Borehole Data

Date drilling started: 4-30-08 Date drilling completed: 4-30-08 Hole depth: 120' Hole diameter: 4"

Location of the source of any surface water used for drilling: Hancock 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: 4-30-08

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite (Mix)

Casing length: 110 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 110 feet to 120 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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K-817

...ch below only required for water wells.

...well telescopes, show depths on sketch.

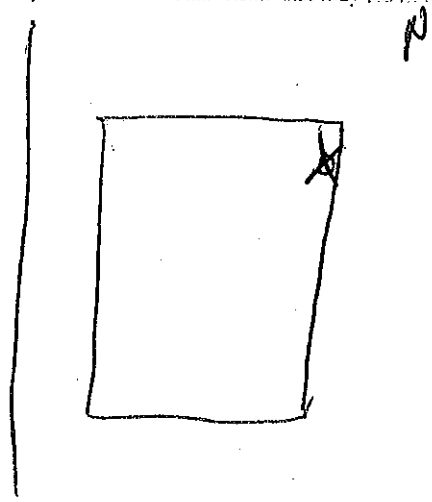
Ground Level

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	0	20
SANDY	20	60
B CLAY	60	90
SAND	90	120

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 NECASE - 0-660 4-30-08

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 39289-0631
(601) 961-5210
(601) 354-6936 (fax)

County: HANCOCK
Permit #:
Driller: NECHASE WELL
Date completed: 7-9-08
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: K-817
Use code:

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 Cap Construction
Mailing Address: 8102 Lake 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 ___ USGS quad. ___ Handheld GPS ___ Survey-grade GPS ___
___ ¼ ___ ¼ Sec. 6 T. 9 S R. 14 W
Distance 2 Miles Direction N of Nearest Town Lakeshore

Pump Type
Circle one

Air Lift	Jet	Submersible
Bucket	Piston	Turbine
(Centrifugal)	Rotary	Flowing Well

Other (specify): ___
Date Pump Installed: 7-9-08
Rated Pump Capacity: 10 Gallons Per Minute

Power Type
Circle one

Diesel Engine	Gasoline Engine	Natural Gas
(Electric Motor)	Hand	Tractor PTO
Windmill	Other (specify): ___	

Horse Power Rating of Motor: 1
Setting Depth: 40' feet
Number of Stages: 1

Pump Test Data

Date Well Tested: ___
Static Water Level (A): ___ Feet Below Land Surface
Pumping Water Level (B): ___ Feet Below Land Surface
Drawdown (B) – (A): ___ Feet Below Land Surface
Test Pumping Rate: ___ Gallons Per Minute
Duration of Pump Test (minimum 4 hours): ___ hours

Method of Measuring Water Level
Circle one

Air Line | Electric Measuring Line | (Steel Tape)
Other (specify): ___
For flowing well: measured shut in head: ___ feet
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 NECHASE 0-660
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Form: OLWR-SWR-1B

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