

County: Hancock
 Permit #: _____
 Driller: Necaise Well Service
 Date drilling completed: 6-19-08

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)360-0525 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: K-838
 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> Mailing Address: <u>6125 E. Madison #80081</u> <u>Bay St Louis MS</u> City State Zip Code Telephone No. <u>239 549-7718</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>6</u> Twn <u>9 S</u> Rng <u>14 W</u> Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>47</u> of <u>Lake Charles</u>

Well / Borehole Data

Date drilling started: 6-19-08 Date drilling completed: 6-19-08 Hole depth: 110' Hole diameter: 4"

Location of the source of any surface water used for drilling: Shrocks 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: 6-19-08

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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K-838

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level X

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

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.

Landowner 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 Necaize 0-660 6-19-08

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 12309
Jackson, MS 39225
(601)961-5210
(601)360-0535

County: Hancock
Permit #: _____
Driller: Necaise Well Service
Date completed: 8-8-08
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: K-838
Elevation: _____

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>1012.5 E. Madison</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>#80081</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
<u>Bay St Louis, MS</u>	_____ 1/4 _____ 1/4 Sec <u>4</u> T. <u>9</u> S. R. <u>14</u> W.		
City State Zip Code	Distance	Direction	Nearest Town
Telephone No. <u>838-549-7718</u>	<u>2</u> Miles	<u>N</u> of	<u>Lakeshore</u>

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>8-8-08</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	Electric Measuring Line	<u>Steel Tape</u>
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 Necaise 0-660 _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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