State V	Vell Report	
County: Hancock Part 1-	Driller's Log For Office Use Only:	
County: Hancock Part 1 – Permit #:	nt of Environmental Quality Aquifer:	
Permit #: Office of Land	and Water Resources Box 10631 Well #: K-855	
Driller: Garry Last2 P.O.	B0x 10051	
Date drilling completed: 6-25-08 (601	VIS 39289-0631 L. S. Elevation:	
	54-6938 (fax) 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	Well or Borehole Location	
(Landowner if borehole is not for a water well)		
Owner Name OSCador Jouth com Homes	Latitude: 017, 711, Longitude: 01, 23, 110,	
Mailing Address: 3190 15 A St.	Latitude <u>30 ° 19 '411'</u> , Longitude <u>39 ° 23</u> , <u>710</u> , <u>24</u> Method of Lat/Long (circle one): Conventional Survey, <u>42</u>	
maning routoss	USGS quade Hand-held GPS Survey-grade GPS	
Res SILes in a	NE 1/ NE 1/4 Sec 28 Twn 85 Rng 14	
Bey St Louis M8 City State Zip Code	-	
	Distance Direction Nearest Town 	
Telephone No. ()	, , , , , , , , , , , , , , , , , , ,	
Well / Borehole Data		
Date drilling started: 6-25-6 Bate drilling completed: 6-25-	08 Hole depth: 140 Hole diameter: 5	
Location of the source of any surface water used for drilling: <u>Wave land City Water</u> 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:		
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump		
Seismic Survey Other (<i>describe</i>)		
If drilling is not related to water well construction, skip the remainder of this block		
Purpose of Well (check one): Home 1 Industrial Public Supply Irrigation Fish Culture Other:		
If a flowing well, method of flow regulation: Valve <i>N</i> / <i>A</i> Other (describe)		
Static Water Level: 10 feet above or below circle one) land surface Date measured: 6-25-06		
Method of Measurement (circle one) steel tape electric tape air line other:		
Well depth: 136 Well grouted to a depth of 10 feet Type of grout (circle one). Neat Cement Bentonite Mix		
Casing length: <u>//6</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>		
Screen length: <u>20</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>		
Screen slot size:		
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- 855

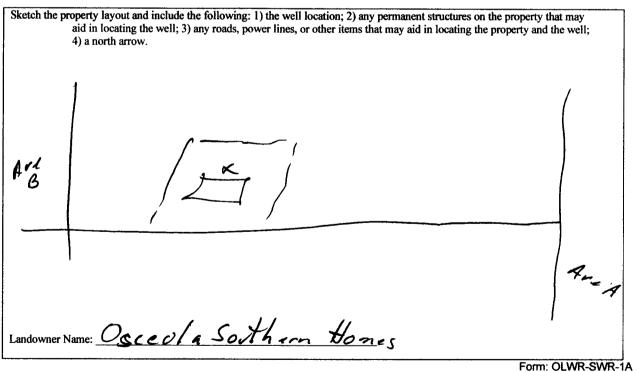
The sketch below only required for water wells

If 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	10
Sand	10	40
LIGY.	40	60
Sand	60	20
Clarg	58	100
Sand	100	140
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If more than one screen, show location of each on sketch



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. Print Name of Responsible Licensee and License No. Date

Signature of Licensee

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STATE WELL REPORT		
County: Hageack Permit #: Driller: 64~~y Leafe Date completed: 6-23-08 Copy information from block on Part 1 This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department of Well Owner Information Owner Name: OCECA Southers Homos	Part 2 's Completion Report ent of Environmental Quality and Water Resources Box 10631 MS 39289-0631 1)961-5210 54-6938 (fax) Contractor or a licensed pump installer. A copy of Part 1 of the at the above address within 30 days of well completion. Well Location Latitude: <u>30.19.442</u> Longitude: <u>09.23.670</u>	
Mailing Address: 3/90 (574 54, CAY 57, Louis MS, City State Zip Code Telephone No. ()	Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS '4'4_ Sec TR Distance Direction Miles of	
Pump Type Circle oneAir LiftJetSubmersibleBucketPistonTurbineCentrifugalRotaryFlowing WellOther (specify): $ShAL(0W) Dal((pumps, (x2)))$ Date Pump Installed: $7 - 14 - 08$ Rated Pump Capacity: $12 \cdot 6$ Gallons Per Minute	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify):	
Pump Test Data Date Well Tested:	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 feet after	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>C - 25 4 P Kenny ETERSe</u> Print Name of Pump Installer and License M. (if applicable) Form: OLWR-SWR-1B RECEN		

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