

Part 2 never received 3/13

County: Hancock  
 Permit #: \_\_\_\_\_  
 Driller: Necaise Well Service  
 Date drilling completed: 8-14-08

### 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)360-0522 fax

#### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-874  
 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>William Thomas</u>	Latitude: <u>30° 17' 28"</u> Longitude: <u>89° 26' 23"</u>
Mailing Address: <u>141 W. Jackson</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Bay St Louis, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 6 Twn 9 S Rng 14 W</u>
Telephone No. <u>228 831-8066</u>	Distance Direction Nearest Town
	<u>2 Miles N of Baker</u>

**Well / Borehole Data**

Date drilling started: 8-14-08 Date drilling completed: 8-14-08 Hole depth: 110' Hole diameter: 5"

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: 8-14-08

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: 3 x 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

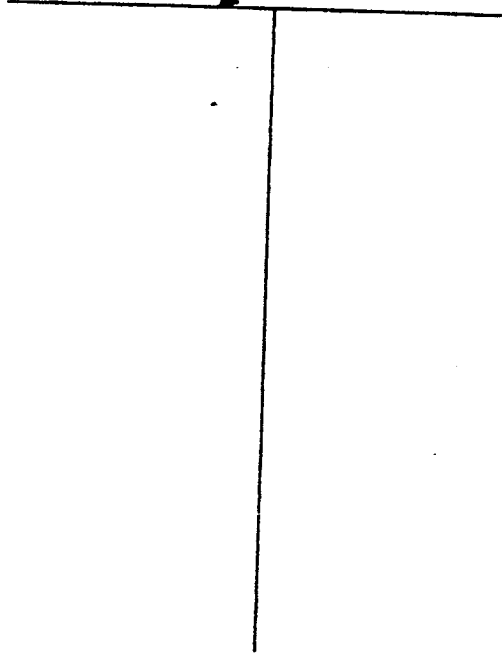
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 OCT 02 2008  
 BY: OLWR

K-874

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level     

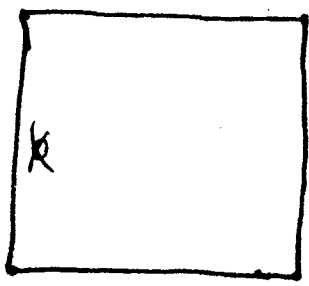


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
MUD	0	20
SAND	20	40
6. CLAY	40	90
SANDS	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: Guffman Norma

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 Nechaie 0660 8-14-08

Robert Nechaie (Signature)

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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