

Part 2 never received 3/13

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)

County: HANCOCK
 Permit #: _____
 Driller: SCHULTZ 470
 Date drilling completed: 6-19

For Office Use Only:
 Aquifer: _____
 Well #: K299
 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>ALAN FORBES</u>	Latitude: <u>30° 17' 38"</u> Longitude: <u>89° 26' 28"</u>
Mailing Address: <u>LOT A 6272 W. MAIN</u> <u>GRENADE ST.</u> <u>BSL. MS.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>504 214</u> State: _____ Zip Code: <u>39248</u>	<u>NW 1/4 NW 1/4 Sec 6 Twn 9S Rng 14W</u>
Telephone No. (_____) _____	Distance _____ Miles Direction _____ of Nearest Town _____

Well/Borehole Data

Date drilling started: 6/19 Date drilling completed: 6/19 Hole depth: 243 Hole diameter: 5"

Location of the source of any surface water used for drilling: _____
 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: 6' feet above or below (circle one) land surface Date measured: 6/19

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

Well depth: 243 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 20 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: _____

Screen slot size: 006 inches Setting depth: From 220 feet to 243 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

RECEIVED

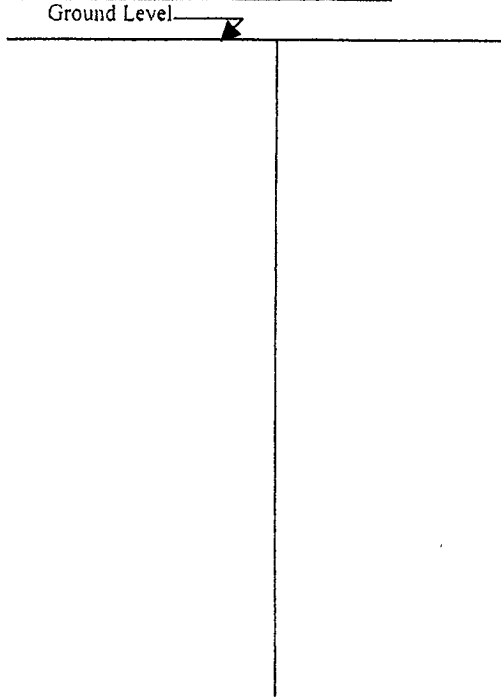
JUL 18 2008

BY: OLWR

The sketch below only required for water wells

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

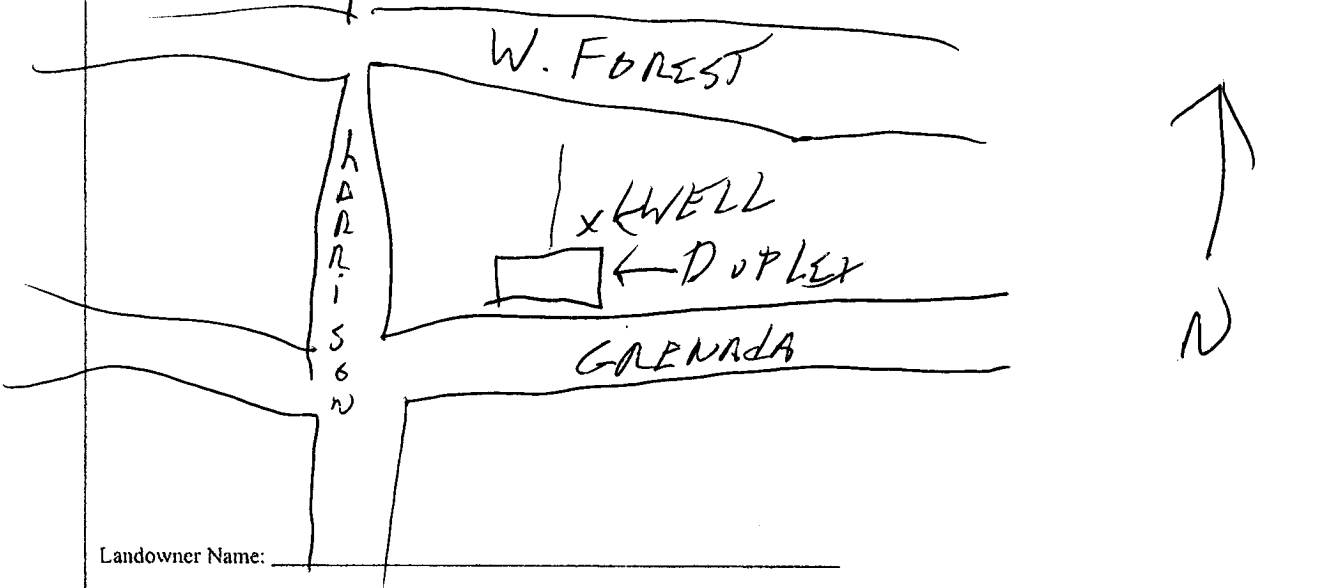
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) Ground Level	To (depth)
SAND		70
CLAY	71	139
CLAY	140	209
SAND	209	243

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: _____

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.

MS-LTD 470 7/1/08

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee