

ND PUMP

2

Part 2 never received

County: HANCOCK 12  
 Permit #: \_\_\_\_\_  
 Driller: SCHULTZ  
 Date drilling completed: 5/15/08

**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 #: K905  
 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.

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>ALAN FOLBIS</u>          Mailing Address: <u>6165 W. FOREST</u>  <u>W. FOREST AVE</u>  <u>BSL, MS</u>          City State Zip Code  <u>504, 214-3248</u>          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>30° 17' 38"</u> Longitude: <u>89° 26' 25"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>NW 1/4 NW 1/4 Sec 6 Twn 9S Rng 14W</u>          Distance Direction Nearest Town          _____ Miles _____ of _____</p>
<p><b>Well / Borehole Data</b></p> <p>Date drilling started: <u>5/15/08</u> Date drilling completed: <u>5/15/08</u> Hole depth: <u>243</u> Hole diameter: <u>5"</u>          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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____          Name of organization running log(s): _____          Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____          Seismic Survey _____ Other (describe) _____</p>	
<p><i>If drilling is not related to water well construction, skip the remainder of this block</i></p>	
<p>Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____          If a flowing well, method of flow regulation: Valve _____ Other (describe) _____          Static Water Level: <u>6</u> feet above or below (circle one) <u>land surface</u> Date measured: <u>5/15/08</u>          Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____          Well depth: <u>243</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite <u>Mix</u>          Casing length: <u>223</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: <u>006</u> inches Setting depth: From <u>223</u> feet to <u>243</u> feet          Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>          Other (describe): _____          Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

Form: OLWR-SWR-1A

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 BY: OLWR

