	State Well Report	For Office Use Only:	
County: HANCOCK	Part 1 - Driller's Log		
Permit #:	Mississippi Department of Environmental Quality	Aquifer:	
	Office of Land and Water Resources P.O. Box 10631	Well #: <u>M - 6</u> 3	
Driller: NECHISE LELL	Jackson, MS 39289-0631	L. S. Elevation:	
Date drilling completed: 11-15-07	(601)961-5210	L. S. Elevation.	
	(601)354-6938 (fax)	E-log #:	
State Law requires that this report	t 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	l or borehole.	
Information on Well O (Landowner if borehole is not fo		orehole Location	
(Landowner If borenoie is not jo	Latitude:	" Longitude:°'	
Owner Name July Stream	Hundmin		
Mailing Address: 7204 Bm	140 Method of Lat Long (circle o	ne): Conventional Survey,	
Mailing Address: 1017 UYYUHL OT . USGS quad. Hand-held GPS, Survey-grade GPS			
Bay St dollo MS 1/4 1/4 Sec_ 12_ Twn 95 Rng 15.			
City State Zip Code Distance Direction Nearest Town			
City State Zip Code Distance Direction Nearest Town Telephone No. (339) 549-7718			
Telephone No. $(\underline{\alpha}_{2}, \underline{1}) \subseteq [\underline{1}, \underline{1}]$	<u>0</u>		
*******	Well / Borehole Data		
	lling completed: <u>11-15-D7</u> Hole depth: <u>110</u>		
Location of the source of any surface wate Method of dosing and volume of Chlorine	r used for drilling: <u>HANCOCH</u> COUNT used in drilling and development:	4 WATER - Sou	
Name of organization running log(s):	Electric Gamma Ray Density Sonic Neutron	Other:	
	1		
Purpose of borchole (check one): Water We	ell Geotechnical Geological Investigation Ground	d Source Heat Pump	
Seismic S	urvey Other (<i>describe</i>)		
If drilling is not related	to water well construction, skip the remainder of this bi	lock	
Purpose of Well (check one): Home	dustrial Public Supply Irrigation Fish Culture	Other:	
If a flowing well, method of flow regulation	n: Valve Other (describe)		
Static Water Level: 12 feet ab	ove of below (circle one) land surface Date measured;	11-15-07	
Method of Measurement (circle one)			
Well depth: <u>110</u> Well grouted to a der	oth of 12 feet Type of grout (circle one): Neat Cen	nent Bentonite (Mix)	
	g diameter: inches Type of casing:	~	
Screen length:feet Scree	en diameter: <u>Z</u> inches Type of screen:	Pre	
	Setting depth: From 100 feet to 1	10feet	
Type of completion (circle all applicable):	Gravel packed Underreamed Telescoped Open	hole Natural Developmen	
	Other (describe):	*****	
	Other (describe):		

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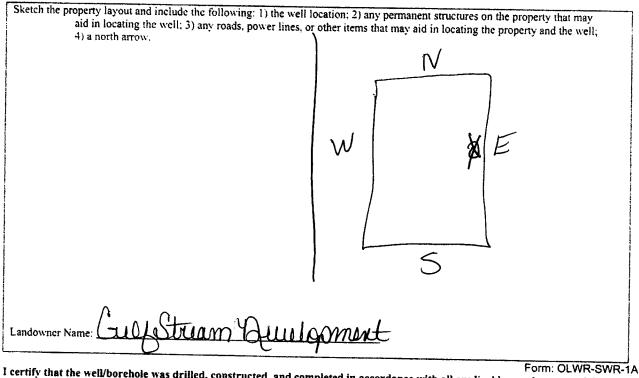
. The sketch below only required for water wells

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
sanp,	20	100
B.CIAY	100	<u>QD</u>
<u> </u>	90	10
		<u>+</u>
		+
		+
	+	+
	<u>+</u>	+
		+
	+	+
		+
		
		+i
		<u>†</u>
		+
		+
		†
		†

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

Date

Print Name of Responsible Licensee and License No.

Signature of Licensee

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STATE WELL REPORT				
Permit #:	Part 2 aller's Completion Report irtment of Environmental Quality Land and Water Resources P.O. Box 10631 son, MS 39289-0631 (601)961-5210 01)354-6938 (fax)			
This part of the report must be completed by a licensed water report must be attached and both parts filed with the Departm	well contractor or a licensed pump installer. A copy of Part 1 of the			
Well Owner Information Owner Name: Culture Throw Guilly Mailing Address: 7304 Smith St	Well Location Latitude: Longitude: Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS			
Telephone No. (239), 549-7718	<u></u>			
Pump Type Circle one	Power Type Circle onc			
Air LiftJetSubmersibleBucketPistonTurbine	Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify): Date Pump Installed: [Z- 7-07 Rated Pump Capacity: Gallons Per Minute	Horse Power Rating of Motor:			
Pump Test Data	Method of Measuring Water Level			
Date Well Tosted:	Other (specify):			
LHEREBY CERTIFY that the above statements are true to the b <u>KOBENT</u> NEUAK <u>L</u> <u>O-(660</u> Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer Form: OLWR-SWR-1B RECEIVED JAN 2 2 2008			
	BY: OLWR			

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