	State Well Report	For Office Use Only:		
County: HANCECK	Part 1 - Driller's Log	INT		
Permit #:	Department of Environmental Quality of Land and Water Resources	Aquifer: 100		
Driller: NCCALSE WELL	P.O. Box 10631	Well #: 19-0-98		
	Jackson, MS 39289-0631	L. S. Elevation:		
Date drilling completed: 3-5-08	(601)961-5210			
	(601)354-6938 (fax)	E-log #:		
State Law requires that this report be prepared Department at the above address within 30 da	by the license holder responsible for a	the work and filed with the		
Information on Well Owner	Well or Bo	orehole Location		
(Landowner if borehole is not for a water well)				
Owner Name Freman Money	1 Latitude:	" Longitude:''		
Mailing Address: 7025 George S-	Method of Lat/Long (circle or	nc): Conventional Survey,		
	USGS quad, Hand-held	GPS, Survey-grade GPS		
$\overline{D}$		$_{\text{Twn}} \underline{95}_{\text{Rng}} \underline{5} \omega$		
Bay & dows, 4	$\gamma_{1} \leq 1 = \frac{3}{2} = $			
City State Zip C	ode Distance Direction	of		
Telephone No. (208, 831-8046	Miles	of Laksohore		
	Vell / Borehole Data			
Date drilling started $3508$ Date drilling completed	3-5-08 Hole douth 120	The last in the second se		
		Hole diameter:		
Location of the source of any surface water used for drilling: <u>HANCOCH</u> COUNTY (04702 - Sower 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 borchole (check one): Water Well Geotech	nical Geological Investigation Ground	Source Heat Pump		
Seismic SurveyOthe	t (describe)			
	onstruction, skip the remainder of this blo			
Purpose of Well (check one): Home / Industrial Put		Other:		
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 12 feet above on below: (circle one) land surface Date measured: 3-5-08				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 30 Well grouted to a depth of 1¢ feet Type of grout (circle one): Neat Cement Bentonite (Mix)				
Lasing length: 110 feet Casing diameter: inches Type of casing: FVC				
Screen length: 10 foot Screen diameter: 2" inches Type of screen: PVC				
Screen slot size: <u>COC</u> inches Setting depth: From <u>10</u> feet to <u>130</u> 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

MAR 2 0 2008 BY: OLWR

## The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level
· · · · · · · · · · · · · · · · · · ·

Description of formations encountered must be pro wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered From (depth) To (depth)

pentiphen et l'ennances since anteres		, <u>, , , , , , , , , , , , , , , , , , </u>
	Ground Level	
mup	0	20
SAND	20	100
B. CIAY	(01)	QD
SAND	90	120
	1	
		5
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		}
		]
		[
	1	

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. Freeman Comes 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

Date

lawis NECHAE - E-460 3-5-08

Signature of Licensee

Print Name of Responsible Licensee and License No.

RECEIVED MAR 2 0 2008 BY: OLWR

S	STATE WELL REPORT	
County: HTHNICOCIL	Part 2	For Office Use Only:
	Pump Installer's Completion Report	
	ssippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:
Driller: NECHIGE WELL	P.O. Box 10631	5 m 98
Date completed: 3-13-08	Jackson, MS 39289-0631	Weil #: 4 - M 98
	(601)961-5210 (601)354-6938 (fax)	Elevation:
<u>Copy information from block on Part 1</u>		L
This part of the report must be completed by a lice	ensed water well contractor or a licensed pump	installer. A copy of Part 1 of the
report must be attached and both parts filed with a Well Owner Information		ell Location
Dwner Named DUCOMON (240Mlo)	Latitude:	Longitude:
Mailing Address: 7065 George	Method of Lat Long (check of	one): Conventional Survey
		· · · · · ·
$\Lambda \longrightarrow (\Lambda)$		d GPS Survey-grade GPS
SALLAS CTOMOL 1	<u>76 4 sec</u>	T $R$ $15$
City State 2	ZipCode	
Variati	Distance Direction	
Telephone No. (1918) 831-8000	$(\mathcal{A}_{\text{Miles}} \mathcal{Y})$	of dakebore
Pump Type		ower Type
Circle one		Circle one
Air Lift Jet Submo	crsible Diesel Engine Gasol	ine Engine Natural Gas
Bucket Piston Turbir	Electric Motor Hand	Tractor PTO
Centrifugal Rotary Flowi	ng Well Windmill Other	(specify):
Other (specify):	Horse Power Rating of Moto	pr:
Other (specify): Date Pump Installed:3-13-08	Setting Depth: 40	
Date Pump Installed:	Setting Depth:O	feet
Rated Pump Capacity:OGallon	s Per Minute Number of Stages:	L
		•
Pump Test Data	Method of M	easuring Water Level
-		Circle one
Date Well Tested:	Air Line Electric Me	asuring Line Steel Tape
Static Water Level (A):Feet Below	Land Surface	asuring Line Steel Tape
	Other (specify):	
Pumping Water Level (B):Feet Below I	Land Surface	
Drawdown [(B) – (A)]:Feet Below :	Land Surface For flowing well, measured	shut in head:feet
Test Pumping Rate:Gallon	The Minute Minute Add	CDM with a describer of
	s Per Minute wen yielded	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	hoursfeet after	hours of pumping
An a Marine and a second and a se		
LHEREBY CERTIFY that the above statements are	e true to the best of my knowledge.	
REPETT NECHEN 0-61		
Print Name of Pump Installer and License No. (if a		Installer
the there of the product and Electise (0) (if a	pprivatic) Signature of Fullip	Form: OLWR-SWR-1B
		RECEIVE
		MAR 2 0 2008
		BY: OLWI

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