County: HANCOCK
Permit #:
Driller: NECAISE WELL
Date drilling completed: 3-27-08

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:				
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 comp	letion of drilling of the well or borehole.
Information on Well Owner	Well or Borehole Location
(Landowner if borehole is not for a water well)	
Owner Name 46 Level Oaks Construction	Latitude:°' Longitude:°'"
Mailing Address: 7249 SIMINION ST	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
A	12 05 15.
by Stallie MS	1/4 Sec Twn Rng
City State Zip Code	Distance Direction Nearest Town Miles of Markov Orl
Telephone No. 001, 549 -7718	Miles of Suction
Weil / Bore	hole Data
Date drilling started: 33708Date drilling completed: 3371	Hole depth: 120 Hole diameter:
Location of the source of any surface water used for drilling: Hethod of dosing and volume of Chlorine used in drilling and devel	opment:
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:
Purpose of borehole (check one): Water Well Geotechnical/Geole	ogical Investigation Ground Source Heat Pump
Seismic Survey Other (describe If drilling is not related to water_well construction	
Purpose of Well (check one): Home 🔽 Industrial Public Supply	Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: ValveO	ther (describe)
Static Water Level: 12 feet above of below (circle one) l	and surface Date measured: 3-27-08
Method of Measurement (circle one) steel tape electric tape	air line other:
Well depth: 120 Well grouted to a depth of 16 feet Type	of grout (circle one): Neat Cement Bentonite Mix
Casing length: 110 feet Casing diameter: 2	_inches Type of casing:
Screen length: 10 feet Screen diameter: 2"	_inches Type of screen:PVC
Screen slot size:inches	110 feet to 120 feet
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If tel	escoped or more than one screen, describe on next page

Form: OLWR-SWR-1A

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BY: OLWR

From (depth) To (depth)

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

Description of Formations Encountered

If more than one screen, show location of each on 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. Form: OLWR-SWR-1A for that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sispip Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state		MuD			\sim
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sippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state	downer Name: Blue Oth Comst	ruction			
soppi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state				Form: OLWR-	SWR-1A
	ify that the well/borehole was drilled, constructed, and c	completed in accordance with all a	pplicable requ	uirements of th	he

Date

Signature of Licensee

The sketch below only required for water wells

Print Name of Responsible Licensee and License No.

If well telescopes, show depths on sketch.
Ground Level

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BY: OLWR

STATE WELL REPORT

Pennit #:

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631

For Office Use Only: Aquifer: Elevation:

(601)961-5210 (601)354-6938 (fax) Copy information from block on Part This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information Well Location Owner Name: Latitude: Longitude: Method of Lat Long (check one): Conventional Survey..... Survey-grade, GPS____ Distance Direction Nearest Town Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: ____ Air Line Electric Measuring Line Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): _ Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) - (A)]: _____Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: _____Gallons Per Minute Well yielded _____ GPM with a drawdown of Duration of Pump Test (minimum 4 hours): _____hours ____feet after _____hours of pumping LHEREBY CERTIFY that the above statements are true to the best of my knowledge.

Signature of Pump Installer

Form: OLWR-SWR-1B

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