

County: Namooch  
 Permit #: \_\_\_\_\_  
 Driller: Necaise Well Service  
 Date drilling completed: 4-25-08

**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 #: M-124  
 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>Blue Oaks Construction</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8013 Founders St</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Bay St Louis, MS</u>	USGS quad. Hand-held GPS. Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>1</u> Twn <u>9S</u> Rng <u>15W</u>
Telephone No. <u>239, 549-7718</u>	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>W</u> of <u>Lakeland</u>

**Well / Borehole Data**

Date drilling started: 4-25-08 Date drilling completed: 4-25-08 Hole depth: 120' Hole diameter: 4"

Location of the source of any surface water used for drilling: Namooch City Water & Sewer

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 \_\_\_\_\_

Scismic 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: 12 feet above or below (circle one) land surface Date measured: 4-25-08

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 2" inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 110 feet to 120 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

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 BY: OLWR

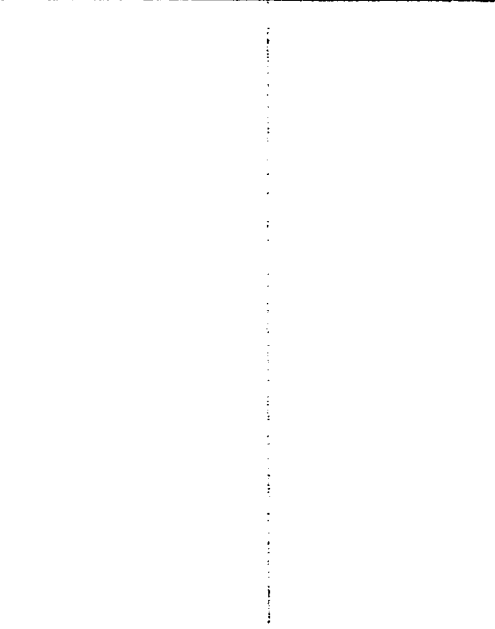
M-124

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.

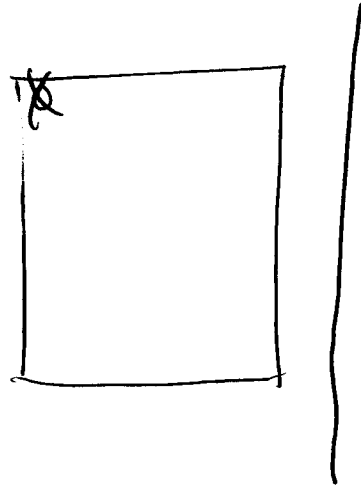
Ground Level →



Description of Formations Encountered	From Depth	To Depth
	Ground Level	
MUD	0	20
SAND	20	60
B. CLAY	60	90
SAND	90	120

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.



Contractor Name Blue Oak Construction

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

ROBERT NEASE - 0-660 425-08

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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# STATE WELL REPORT

## 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  
(601) 461-5210  
(601) 254-6435 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: M-124

Elevation: \_\_\_\_\_

County: HANCOCK  
 Permit #: \_\_\_\_\_  
 Driller: NECAKE WELL  
 Date completed: 6-2-08  
*Copy information from block on Part 1*

*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: <u>Blue Oak Construction</u>	Latitude: _____	Longitude: _____	Method of Lat/Long (check one): Conventional Survey _____
Mailing Address: <u>3063 Roundwood St.</u>	USCS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
<u>Bay St. Louis, MS</u> City State Zip Code	_____ S. _____ E. _____ T. <u>9</u> R. <u>15</u>		
Telephone No. <u>339, 549-7718</u>	Distance: <u>2</u> Miles	Direction: <u>N</u>	Nearest Town: <u>Lakeland</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
<u>Centrifugal</u>	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1</u>		
Date Pump Installed: <u>6-2-08</u>			Setting Depth: <u>40'</u> feet		
Rated Pump Capacity: <u>10</u> Gallons Per Minute			Number of Stages: <u>1</u>		

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line    Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

ROBERT NECAKE 0-660      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer