

County: Winnick
 Permit #: _____
 Driller: Necaise Well Service
 Date drilling completed: 5-5-08

State Well Report
Part I - 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-127
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Blue Oak Construction</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3042 Church Street</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>1</u> Twn <u>9</u> Rng <u>15</u>
Telephone No. <u>(#80052) 231-549-7718</u>	Distance _____ Miles _____ Direction _____ of _____ Nearest Town <u>Haloboro</u>

Well / Borehole Data

Date drilling started: 5-5-08 Date drilling completed: 5-5-08 Hole depth: 100 Hole diameter: 4"

Location of the source of any surface water used for drilling: Winnick 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 _____

Seismic 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: 5-5-08

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 2" inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From _____ feet to _____ 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

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 39219-0631
(601) 491-5210
(601) 254-6935 (fax)

For Office Use Only:

Aquifer: _____

Well #: M-127

Elevation: _____

County: HANCOCK

Permit: _____

Driller: NECAKE WELL

Date completed: 6-27-08

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

Owner Name: Blue Oaks Construction

Mailing Address: 8042 Oldbourne St
#80052
Bay St Louis, MS

City: _____ State: _____ Zip Code: _____

Telephone No. 259-549-7718

Well Location

Latitude: _____

Longitude: _____

Method of Lat Long (check one): Conventional Survey _____

USGS quad: _____ Hand-held GPS _____ Survey-grade GPS _____

_____ Sec 1 T 9 R 15

Distance _____

Direction _____

Nearest Town _____

2 Miles

47 of

Lakehurst

Pump Type

Circle one

Air Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify): _____

Date Pump Installed: 6-27-08

Rated Pump Capacity: 10

Gallons Per Minute

Power Type

Circle one

Diesel Engine

Gasoline Engine

Natural Gas

Electric Motor

Hand

Tractor PTO

Windmill

Other (specify): _____

Horse Power Rating of Motor: 1

Setting Depth: 40'

feet

Number of Stages: 1

Pump Test Data

Date Well Tested: _____

Static Water Level (A): _____

Feet Below Land Surface

Pumping Water Level (B): _____

Feet Below Land Surface

Drawdown (B) - (A): _____

Feet Below Land Surface

Test Pumping Rate: _____

Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____

hours

Method of Measuring Water Level

Circle one

Air Line

Electric Measuring Line

Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____

feet

Well yielded _____

GPM with a drawdown of

feet after _____

hours of pumping

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

ROBERT NECAKE 0-660

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Form: OLWR-SWR-1B

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JUL 08 2008

BY: OLWR