

County: Hancock
 Permit #: _____
 Driller: Necaise Well Service
 Date drilling completed: 6-13-08

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)360-0525 fax

For Office Use Only:
 Aquifer: _____
 Well #: M-151
 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 oak Construction</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>7067 W. Ymarion St #80075</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Bay St Louis, MS</u> City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>12</u> Twn <u>9</u> Rng <u>15</u> |
| Telephone No. <u>239-549-7718</u> | Distance _____ Miles Direction _____ of Nearest Town <u>Sakishore</u> |

Well / Borehole Data

Date drilling started: 6-13-08 Date drilling completed: 6-13-08 Hole depth: 110 Hole diameter: 4"

Location of the source of any surface water used for drilling: Shrook 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 below (circle one) land surface Date measured: 6-13-08

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 100 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 100 feet to 110 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 12309
 Jackson, MS 39225
 (601)961-5210
 (601)360-0535

County: Hancock
 Permit #: _____
 Driller: Necaise Well Service
 Date completed: 7-18-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-151
 Elevation: _____

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 Oaks Construction</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>7047 W. Madison #80075 Bay St Louis, MS</u> <small>City State Zip Code</small> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>12 T 9 S R 15 W</u> |
| Telephone No. <u>239-549-7718</u> | Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>N</u> of <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>7-18-08</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 Necaise 0-660
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

Form: OLWR-SWR-1B

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AUG 13 2008

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