

County: Winnick
 Permit #: _____
 Driller: Necaise Well Service
 Date drilling completed: 4-30-08

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: X-916
 Well #: _____
 L. S. Elevation: M180
 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: <u>30° 17' 08"</u> Longitude: <u>89° 26' 39"</u>
Mailing Address: <u>8104 Reake St</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	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>14</u> Twn <u>9 S</u> Rng <u>14</u> <u>15 W</u>
Telephone No. <u>(229) 549-7718</u>	Distance _____ Miles Direction _____ of Nearest Town <u>Rakoshale</u>
Well / Borehole Data	
Date drilling started: <u>4-30-08</u>	Date drilling completed: <u>4-30-08</u> Hole depth: <u>120'</u> Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: <u>Winnick City Water & Sewer</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Scismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>12</u> feet above or below (circle one) land surface Date measured: <u>4-30-08</u>	
Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite <u>Mix</u>	
Casing length: <u>110</u> feet Casing diameter: <u>2"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2"</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.006</u> inches Setting depth: From <u>110</u> feet to <u>120</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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STATE WELL REPORT

Part 2

County: HAWCOCK
 Permit #: _____
 Driller: NECAKE WELL
 Date completed: 7-9-08
 Copy information from block on Part 1

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) 961-5210
 (601) 354-6435 fax

For Office Use Only:

Aquifer: _____
 Well #: K-816
 Elevation: M.180

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: <u>30-17-08</u> Longitude: <u>89-26-39</u>
Mailing Address: <u>8104 Leake St.</u>	Method of Lat Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Bay St Louis, MS</u> City State Zip Code	<u>SE SE 1/4 Sec 6 T 9 S R 14 W</u>
Telephone No: <u>339-549-7718</u>	Distance _____ Direction <u>N</u> Nearest Town <u>ISW Lakeshore</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> <u>Centrifugal</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____
Date Pump Installed: <u>7-9-08</u>	Horse Power Rating of Motor: <u>1</u>
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Setting Depth: <u>40'</u> feet
	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <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

Form: OLWR-SWR-1B

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