	State Well Report		
a llamant	Part 1 – Driller's Log	For Office Use Only:	
County: Hancock Mississ	sippi Department of Environmental Quality	Aquifer:	
Permit #:	Office of Land and Water Resources	V 661	
Driller: 0 - 785	P.O. Box 10631	Well #:	
	Jackson, MS 39289-0631	L. S. Elevation:	
Date drilling completed: 4-23-09	(601)961-5210		
	(601)354-6938 (fax)	E-log #:	
State Law requires that this report be pre	pared by the license holder responsible for t	he 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		rehole Location	
(Landowner if borehole is not for a wate Julieta Nelson	r well)	2, 1 minute CO 24 190	
Owner Name Irane Nelson	Latitude: 30 - 30 - 077	Longitude: 87 27 677	
Mailing Address: 113 49	Method of Lat/Long (circle on	" Longitude: 89° 24' 699'  e): Conventional Survey,	
Texas St.	USGS quad, Hand-held	GPS Survey-grade GPS	
Bay St. Cours Ms. City State	70	Twn <b>85</b> Rng <b>19</b>	
City State		Nearest Town	
Telephone No. (995) 687-4854	Miles	of	
	Well / Borehole Data		
Date drilling started: 4-23 Date drilling con	npleted: <u>4-23</u> Hole depth: <u>140</u>	Hole diameter:	
Location of the source of any surface water used fo Method of dosing and volume of Chlorine used in	or drilling:drilling and development:		
Logs run (circle all applicable): No log run Electr Name of organization running log(s):	cic Gamma Ray Density Sonic Neutron	Other:	
Purpose of borehole (check one): Water Well	Geotechnical/Geological Investigation Ground	Source Heat Pump	
Seismic Survey	Other (describe)		
Seismic Survey Other (describe)  If drilling is not related to water well construction, skip the remainder of this block			
Purpose of Well (check one): HomeIndustrial_	Public Supply Irrigation Fish Culture _	Other:	
If a flowing well, method of flow regulation: Valve	Other (describe)		
Static Water Level:feet above @ be	elow (circle one) land surface Date measured:_	4-23-09	
Method of Measurement (circle one) steel tape	electric tape air line other:	,	
Well depth: 140 Well grouted to a depth of 1	feet Type of grout (circle one): Neat Ceme	ent Bentonite Mix	
Casing length: 170 feet Casing diameter: 2 inches Type of casing: PVC			
Screen length:feet	ter:inches Type of screen:	PVC	

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped

Top of lap pipe or reduction in casing:

Other (describe):

Form: OLWR-SWR-1A

Open hole Natural Development

feet. If telescoped or more than one screen, describe on next page





The sketch	below	only	reauired	for	water	wells

If well telescopes, show depths on sketch.

Ground Level.

Description of forma	tions encountered	must be	provided for al
wells and boreholes,	unless specifically	exempte	d by regulation

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	15
Sand	15	60
Clay	60	125
Sand	125	140
		4
		<del> </del>

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.

Nolth

| Jour | Jour

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 applicables and deads.

MALUTN WAGNON 0-785 4-23-

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

## STATE WELL REPORT

## County: HAncock Permit #: Driller: 0-785 Date completed: 4-23-05 Copy information from block on Part 1

## 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)961-5210

For (	Office Us	e Only:
Aquifer:		
Well #:	K-	896
Elevation: _	-	age op matters with Mary alphanes are purchased in an applica

(601)354-6938 (fax) This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion, Owner Name: Trene Nelson Latitude: 30° 20, 097' Longitude: 89° 24.699 Mailing Address: 11349 Method of Lat/Long (check one): Conventional Survey\_\_\_\_. Texas St. USGS quad\_\_\_\_\_, Hand-held GPS \_\_\_\_, Survey-grade GPS Bay St. Louis Ms 39520
City State Zip Code \_\_\_ ¼ \_\_\_\_ ¼ Sec\_\_\_ T\_\_\_ R\_\_\_\_ Direction Nearest Town Telephone No. (985) 687-4054 \_\_\_\_\_Miles \_\_\_\_\_ of \_\_\_ Pump Type Power Type Circle one Circle one Air Lift 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: 4-23-09 Setting Depth: \_\_ \_\_\_\_Gallons Per Minute Rated Pump Capacity: Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: \_\_\_ 4 - 27 - 09 Air Line Electric Measuring Line Static Water Level (A): \_\_\_\_\_\_ Feet Below Land Surface Other (specify): \_\_\_ Pumping Water Level (B): 25 Feet Below Land Surface Drawdown [(B) - (A)]: /5 Feet Below Land Surface For flowing well, measured shut in head: feet Test Pumping Rate: Gallons Per Minute Well yielded \_\_\_\_\_ GPM with a drawdown of Duration of Pump Test (minimum 4 hours): \_\_\_\_24 hours feet after \_\_\_\_hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

MALVIN WAGNON 0-785

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

Male Waguer Signature of Pump Installer

Form: OLWRSWOFIVED