	State W	/ell Report	
County: Harrison	Part 1		For Office Use Only:
County: FTUE [SUI]	Mississippi Departmer	nt of Environmental Quality	Aquifer: 1592
Permit #	Office of Land and Water Resources		Well #:
Driller Cast Water UEISRV.		Box 10631 AS 39289-0631	
Date drilling completed: $9 - 9 - 10$) 961-5210	L. S. Elevation:
	(601) 354-6938 (fax)		E-log #:
State Law requires that this rep	ort be prepared by the	driller in detail and filed w	ith the Department within
30 days of completion of drilling Well Owner Informa		Well	Location
Owner Name Gene Gildea			7" Longitude: 188.53,636
Mailing Address: TEPIKI EQ	ing Address: <u>Stephen Earl Rd</u> . Method of Lat/Long (circle		
Manager Mazzari-		USGS quad Hand-held GPS Survey-grade GPS NG1/4 NE 1/4 Sec 2/2 Twn T 6.5 Rng 9 4	
OCLANSPINGS, 11539565 City State Zip Code			
Telephone No. (288) 282-226	14 Distance Direction		of Oce an sparings
	Well	Data	
Purpose of Well (circle one Home Ind	ustrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started: 9-9-11		well drilling completed:	9-10
If flowing, method of flow regulation: Val	lve NA Other (d	lescribe)	
Static Water Level: <u>55</u> feet ab	oove ar below kircle one)	land surface Date measured:_	9-9-10
Method of Measurement (circle one) st	eel tape electric tape	air line other:	
Hole depth: <u>239 FT</u> . Well dep	oth: <u>239 FT.</u>	Well grouted to a depth of	10 feet
Type of grout (circle one): Cement	Bentonite Mix		
Casing length: 229_feet Casir	ng diameter:	inches Type of casing:	PUC
Screen length: 10 feet Scree	en diameter:	inches Type of screen:	PVC
Screen slot size: <u>006</u> inches	Setting depth: From _	Jag feet to J	<u>37 feet</u>
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	hole Natural Development
	Other (describe):		·····
Top of lap pipe or reduction in casing:	V/A feet. If te	lescoped or more than one scre	en, describe on back of page
Logs run (circle all applicable) No log run	Electric Gamma Ray	Density Sonic Neutron	Other:
Name of organization running log(s): I certify that the well was drilled, constr	J/A ucted, and completed in :	accordance with all applicable	requirements of the Mississippi
Department of Environmental Quality a	-		• • • • • •

SEP 2 2 200

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If well telescopes please sketch below and show depths.

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iround Level	Description of Formations Er	
	White Coarse Sand Blue clay wistreakse	7 Plagravel 15 44 7 Sand 40 20
	Gray Coatse Salva	

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) indicate direction. KROHN RO Biloxi An FARL GLD Landowner Name: Gene Gildra

Ju Signature of Water Well Contractor

SEP 2 2 250 BY: OUNF

County: HALFYISON Permit #: Driller(COSHWATERWELLSIEV. Date completed:9-9-10	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) 961-5210 (601) 354-6938 (fax)		For Office Use Only: Aquifer: 1+ 59 > Well #:	
This report should be prepared by the installation of pump. Well Owner Informati Owner Name: Gene Gildea Mailing Address: Stephen Ear Ocean Springer City State Telephone No. 2020 282-226	on IRA <u>MS 39515</u> Zip Code	We Latitude: <u>36</u> <u>30</u> <u>51</u> , 78 Method of Lat/Long (circle on USGS quad, Hand <u>NE 1/4 ME 1/4 Sec21</u> Distance Direction	Il Location Longitude 088°53'6.36 "	
Pump Type Circle one Air Lift Jet Bucket Piston Centrifugal Rotary Other (specify):		Diesel Engine Gasolin Electric Motor Hand		
Pump Test Data Date Well Tested: $9 - 13 - 10$ Static Water Level (A): 55 Feet B Pumping Water Level (B): N/A Feet B Drawdown [(B) - (A)]: N/A Feet B Test Pumping Rate: 12 (Duration of Pump Test (minimum 4 hours):	elow Land Surface Below Land Surface Gallons Per Minute	C Air Line Electric Mea Other (specify): For flowing well, measured sh Well yielded 25	nut in head: <u>N/A</u> feet	
I HEREBY CERTIFY that the above stateme TACK Ripsper O Print Name of Pump Installer and License No	-412	of my knowledge. Signature of Pump In	higher SEP 22 20 staller	

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