	State W	Vell Report	E OF Dist			
County Harrison	Part 1 – 1	Driller's Log	For Office Use Only:			
	Mississippi Department of Environmental Quality		Aquifer:			
Permit # MS-6W-16EB	Office of Land and Water Resources P.O. Box 2309		Well #			
Driller: Griner Drilling Service, Inc. Date drilling completed: 10/06/09	Jackson, MS 39225		1. S. Elevation			
Date drilling completed: 10/06/09	()961- 5210 51- 5228 (fax)				
			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 ariting of the well or porenoie.						
Information on Well ((Landowner if borehole is not fo	wner or a water well)					
Harrison County II	arrison County Litility Authority		Longitude: 89 15' 17.06"W			
Dwner Name Harrison County Utility Authority		AE Method of Lat/Long (check o	ne): Conventional Survey			
Mailing Address: 10271 Express Drive						
Inning / 1991-055		USGS quad O Hand-held GPS O Survey-grade GPS O				
Gulfport MS 39503		$\frac{1R_{1} \times NW}{14} \frac{3}{25} \sqrt{1} \frac{75}{100} \frac{75}{100} \frac{13W}{100}$				
Gulfport MS 39503 IK 4 MW 4 Sec Iwn Kng City State Zip Code Distance Direction Nearest Town						
·	•		of Diamondhead			
Telephone No. ()		Cunningham Road Well				
	Well / Bor	ehole Data				
Date drilling started: Date drilling completed: Hole depth: Hole diameter: Hole diameter:						
Method of dosing and volume of Chlorine used in drilling and development: Logs run (check all applicable): Nonc Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): Genter Drilling Service, Inc. Purpose of borehole (check one): Water Well Ogeotechnical/Geological Investigation Ground Source Heat Pump						
Seismic If drilling is not related	Survey Other (<i>describ</i>) to water well construction	e) on, skip the remainder of this b	lock			
Purpose of Well (check one): Home OIndustrial Public Supply Irrigation OFish Culture O Other:						
If a flowing well, method of flow regulation: Valve Other (describe)						
Static Water Level: 40.75 feet above O or below O land surface Date measured: 04/27/10						
Method of Measurement (check one) steel tape 🔿 electric tape 💿 air line 🔿 other:						
Well depth: 720' Well grouted to a depth of 610 feet Type of grout (check one): Neat Cement OBentonite OMix •						
e e <u> </u>	ng diameter: 16					
Screen length: 70 feet Screen diameter: 10 3/4 inches Type of screen: Munipak						
		632feet_to 712				
Type of completion (check all applicable):	Gravel packed 🔽 Ur	nderreamed Telescoped	Open hole			
Natural Development	Other (describe):					
Top of lap pipe or reduction in casing:	feet. If to	elescoped or more than one scr				
			Form: OLWR-SWR-1A (04/08			

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The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level_____

see attached

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Sand, Clay, Gravel Mix	Ground Level	190'
Clay and Sand	190'	270'
Clay	270'	380'
Sand	380'	420'
Clay	420'	490'
Sand	490'	560'
Clay	560'	610'
Sand	610'	700'
Sand and Clay	700'	730'
Clay	730'	850
Sand	850'	895'
Clay	895'	1000'
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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.

see attached

Landowner Name:

Form: OLWR-SWR-1A (04/08)

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 applicable, and state

laws. Charles H. Griner Sr.

0-184 01/31/11

Date

Charle H. Lari

Print Name of Responsible Licensee and License No.

Signature of Licensee

r	STATE WE	ELL REPORT				
County Harrison		art 2	For Office Use Only:			
Permit #:		s Completion Report	Aquifer:			
Driller	Mississippi Department of Environmental Quality Office of Land and Water Resources					
Driller	P.O. Box 2309 Jackson, MS 39225		Well #:			
Date completed 10/06/09)961-5210	Elevation			
Copy information from block on Part 1	(601)961-5228 (fax)					
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: Harrison County Utility Authoriyty		Latitude: 30 24' 47.58"N Longitude: 89 15' 17.06"W				
Mailing Address: 10271 Express Drive			e): Conventional Survey O.			
		USGS quad O, Hand-held	GPS💽, Survey-grade GPS📿			
Gulfport MS	39503	¹ ⁄ ₄ ¹ ∕ ₄ Sec 2	5 _T 7S _R 13W			
City State	Zip Code		Nearest Town			
Telephone No. ()			Diamondhead			
Pump Type			ver Type			
Air Lift O Jet O	Submersible 🔿		heck one e Engine 🔿 Natural Gas 🔿			
	Turbine	Electric Motor • Hand				
Centrifugal O Rotary O	Flowing Well	Windmill O Other (spe	cify):			
Other (specify):	-	Horse Power Rating of Motor:	150			
		2001				
Date Pump Installed: 07/30/10						
Rated Pump Capacity: 1500	Gallons Per Minute	Number of Stages: 4				
Pump Test Data			isuring Water Level			
Date Well Tested: 04/27/10		Air Line O Electric Meas	Check one Air Line O Electric Measuring Line O Steel Tape O			
Static Water Level (A): 40.75 Feet B	Below Land Surface	Other (specify):				
Pumping Water Level (B): 111 Feet B	Pumping Water Level (B): 111 Feet Below Land Surface		<u>, , , , , , , , , , , , , , , , , , , </u>			
Drawdown $[(B) - (A)]$: 70.25 Feet Below Land Surface		For flowing well, measured shu	ut in head:feet			
Test Pumping Rate: 1000 Gallons Per Minute		Well yielded 1000	GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours): 24 hours		70.25feet after 24hours of pumping				
	nours					
This is for (check one): New Well () Replacement of Existing Pump () Repair of Existing Pump ()						
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.						
Charles H. Griner Sr. 0-184 Charles H. Griner Sr. Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer						
Frint Name of Pump Installer and License No	. (11 applicable)	Signature of Pump Ins	Lancf			

Form: OLWR-SWR-1C (07-09)

