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JUN 25 2009

BY: OLWR

County: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: 0-785  
 Date drilling completed: 6-3-09

**State Well Report**  
**Part I - 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: \_\_\_\_\_  
 Well #: Ø 404  
 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>Kevin Livings</u>	Latitude: <u>30° 21' 49.45"</u> Longitude: <u>89° 12' 41.25"</u>
Mailing Address: <u>5289</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Cronier Ave.</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
<u>Longbreech MS. 39560</u>	<u>SE 1/4 NE 1/4</u> Sec. <u>8</u> Twn. <u>8S</u> Rng. <u>12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( <u>228</u> ) <u>274-8386</u>	_____ Miles _____ of _____

**Well / Borehole Data**

Date drilling started: 6-3 Date drilling completed: 6-3 Hole depth: 200' Hole diameter: 5"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
 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: 20 feet above or below (circle one) land surface Date measured: 6-3-09

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

Well depth: 200' Well grouted to a depth of 10 feet Type of grout (circle one): Near Cement Bentonite Mix

Casing length: 190 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 190 feet to 200 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*



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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)

County: Harrison
Permit #:
Driller: 0-785
Date completed: 6-4-09
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: 404
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: Kevin Livings, 5289 Cronick Ave., Longbeach MS, 39560, 228-234-8386
Well Location: Latitude 30° 21.247' 45", Longitude 89° 12.449' 25", SE 1/4 NE 1/4 Sec 8 T 8S R 12W

Pump Type: Jet
Power Type: Electric Motor
Date Pump Installed: 6-4-09
Number of Stages: 2

Pump Test Data: Date Well Tested: 6-4-09, Static Water Level (A): 20 Feet Below Land Surface, Pumping Water Level (B): 40 Feet Below Land Surface, Drawdown [(B) - (A)]: 20 Feet Below Land Surface, Duration of Pump Test: 24 hours
Method of Measuring Water Level: Steel Tape

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
MALVIN WAGNON 0-785
Signature of Pump Installer: Malvin Wagon