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JUN 25 2009

BY: OLWR

	State Well Report	C 086 - C O-l
County: Harrison	Part 1 - Driller's Log	For Office Use Only:
	Mississippi Department of Environmental Quality	Aquifen
Permit =.	Office of Land and Water Resources	
Driller:	P.O. Box 10631	Well #: 9404
	Jackson, MS 39289-0631	L. S. Elevation
Date drilling completed: 4-7-09	(601)961-5210	N 1
	j (601)354-6938 (fax)	E-log =:
State Law requires that this reno	rt be prepared by the license holder responsible fo	r the work and filed with the
Department at the above addres	s within 30 days of completion of drilling of the we	oll or horehole.
Information on Well		Borehole Location
(Landowner if borehole is not )	for a water well)	10 56 11.6
0 11 1/2 /2 /	Latitude: 30 "21 2	17 Longitude: 89 ° 12 ' 419' 25' one): Conventional Survey.
Owner Name Keuin Livings	Method of Latil and toirele	5 25 and Conventional Survey
Mailing Address: 5289		_
	CCC - I Hand he	ld GPS. Survey-grade GPS
Cronier Ave	. SE NC C	2 95 . 1711
Congbrech Ms	79CLA Sec 8	3 Twn 85 Rng 12W
City St	ate Zip Code Distance Direction	Nearest Town
	Miles	of
Telephone No. (228) 234 - 83	76	
	Well / Borehole Data	
!		
Date drilling started: 6-3 Date d	rilling completed: <u>6-3</u> Hole depth: <u>200</u>	Hole diameter: 5
•		-
Location of the source of any surface was	er used for drilling:	
Nethod of dosing and volume of Chloris	ne used in drilling and development:	
Logs run (circle all applicable): No log ru	in Electric Gamma Ray Density Sonic Neutron	Other:
Name of organization running log(s):		
i. Duma va ačhombala (skoale su sv. 1912). u s	VellGeotechnical/Geological Investigation Grou	16
Purpose of borehole (check one); water v	Veli Geolechnical/Geological investigation Grou	ind Source Heat Pump
Seismic	SurveyOther (describe)	
If drilling is not relate	d to water well construction, skip the remainder of this	block
Purpose of Well (check one): Home	IndustrialPublic SupplyIrrigationFish Cultu	re Other:
If a flowing well, method of flow regulati	on: Valve Other (describe)	
Static Water Level: 20 reet a	bove of ofton circle one) land surface. Date measure	d: 6-3-09
Mathod of Managrament (aircle on a)	steel tape electric tape air line other:	
,		
Well depth: 200 Well grouted to a c	lepth of 10 feet Type of grout (circle one). Near C	ement Bentonite Mix
		_
Casing length: 190 feet Cas	ing diameter: inches Type of casing:	
Screen length: 10 feet Scr	een diameter: inches Type of screen:	PVC
Screen slot size:	Setting depth: Fromfeet_to	<b></b>
1	·	
Expe of completion (circle all applicable	: Gravel packed Underreamed Telescoped Op	en note Natura: Development
	Other (describe):	
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one se	reen, describe on next page

Form: OLWR-SWR-1A

JUN 2 5 2009

The sketch	holow	nuls	roanirod	for	water wells
3 116 3161611	VEIDI	0 4444	, cu iii) cu	:01	THERET PACELLY

If well telescopes, show depths on ski	etch.
Ground Level	

Description of formations encountered	en hinst be provided for all
Description of formations encountere wells and boreholes, unless specifical	lly exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	10
Sand	10	35
	700	100
Clay	35	180
Sand	180	200
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	•	

If more than one screen, show location of each on sketch

4) a north arrow.		Home	Claried Me.	
ktore	Pinys School St.	ville Red.		
Pass Christian) Landowner Namo: Kevin (	Hwy 90	(long Bee	eh)	(Gulfport)

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.

MALVIN WAGNON 0-785 6-3-09

Print Name of Responsible Licensee and License No.

Date

## JUN 2 5 2009

BY: OLWR

## 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

For Office Use Only: Aquifen MAA

Date completed: 6	-	(60)	MS 39289-063! 1)961-5210  54-6938 (fax)		9404
This part of the repreport must be atta	port must be comple sched and both part	eted by a licensed water well ts filed with the Department	l contractor or a licer at the above address	within 30 days of well co.	py of Part 1 of the inpletion.
Well Owner Information  Owner Name: Keuin Livings  Mailing Address: 5289  Conice Ave.		Well Location  Latitude: 30° 21.247' Longitude: 86° 12.447'  45" Method of Lat/Long (check one): Conventional Survey  USGS quad, Hand-held GPS Survey-grade GPS			
	sbeech M ity Sta	15. 395(0 ate Zip Code	SE 1/2 NE	# Sec <b>8</b> T <b>8 S</b> Direction Nearest 5	R 12W
	Pump Type Circle one			Power Type Circle one	
Air Lift	(Tet)	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 Rati	ng of Motor:	
Date Pump Installed	i- 6-4-0	9	Setting Depth:		fee:
Rated Pump Capacit	ıy:	Gallons Per Minute	Number of Stages	:2	
Pump Test Data  Date Well Tested: 6-4-05		Me	ethod of Measuring Wate Circle one	er Lovel	
Static Water Level (A): 20 Feet Below Land Surface  Pumping Water Level (B): 40 Feet Below Land Surface			Electric Measuring Line		
Drawdown [(B) - (A)]: 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		i i	_feet after	hours of muminion	

MALUTU WAGNON 0-785

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

Math Wags Signature of Pump Inspiler

Form: OLWR-SWR-1B