

# State Well Report

## Part I

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 #: G-145  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: George  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells, Inc.  
Date drilling completed: 5-25-06

**State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.**

Well Owner Information	Well Location
Owner Name: <u>Dennis Blades</u>	Latitude: <u>30° 49' 98.59"</u> Longitude: <u>088° 33' 71.42"</u>
Mailing Address: <u>124 Monica Way</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lucedale Ms 39452</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 26 Twn 25 Rng 6 W</u>
Telephone No. <u>228 990-1295</u>	Distance <u>5</u> Miles Direction <u>SSE</u> of Nearest Town <u>Lucedale</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 5-24-06 Date well drilling completed: 5-25-06

If flowing, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 5-25-06

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

Hole depth: 365' Well depth: 365' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 345 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 345 feet to 365 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: N/A feet. If telescoped or more than one screen, 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): N/A

**I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.**

Jack Ridgdell 0-472  
Print Name of Water Well Contractor and License No.

Jack Ridgdell  
Signature of Water Well Contractor

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JUN 29 2006  
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  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Srv.  
 Date completed: 5-25-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: G-145  
 Elevation: \_\_\_\_\_

**This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.**

Well Owner Information	Well Location
Owner Name: <u>Dennis Blades</u>	Latitude: <u>30° 49' 988"</u> Longitude: <u>088° 33' 710"</u> <span style="margin-left: 100px;"><u>59</u></span> <span style="margin-left: 100px;"><u>42</u></span>
Mailing Address: <u>124 Monica Way</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>Lucedale MS 39452</u> City State Zip Code	USGS quad, <u>NE 1/4 SW 1/4 Sec 26 Twn T25 Rng R6 W</u>
Telephone No. <u>(228) 990-1295</u>	Distance Direction Nearest Town <u>5 Miles SSE of Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: <u>6-1-06</u>	Setting Depth: <u>180 FT. DROP PIPE</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-1-06</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>22</u> GPM with a drawdown of
Test Pumping Rate: <u>22</u> Gallons Per Minute	<u>N/A</u> feet after <u>N/A</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John Ekins 0-716P \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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BY: OLWR

G-145

# NOTICE TO OWNERS OF NEW WATER WELLS

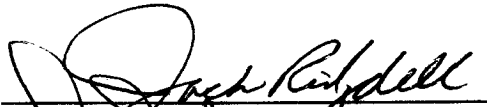
**THE MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY REQUIRES THIS WELL BE TESTED ACCORDING TO THE MISSISSIPPI STATE BOARD OF HEALTH STANDARDS, AND PASS THE TEST, BEFORE BEING CONSUMED OR USED AS A POTABLE WATER SOURCE.**

**This well needs to be run constantly for a period of two to three weeks before testing. After running the well, contact your local Health Department's Environmental Office, or a state certified laboratory to have the water tested for bacteria.**

**Following the test, the Health Department or laboratory will advise you as to whether your well is safe for human consumption or if further chlorination is required.**

**If your water passes the test, we need a copy of the results so we can forward it to the Mississippi Department of Environmental Quality as required by state regulations.**

**If your water fails the test, chlorination of the pump system, chlorination of the well and pump system, or a chlorinator may be required. Please contact us at Coast Water Well Service, Inc. if we can be of assistance in these processes.**

Water well contractor (signature):  0-472

Purchaser/Customer (signature): 

Purchaser Name (printed): Dennis Blades

Purchaser Mailing Address: 124 Monica Way

Purchaser Phone Numbers: 228-990-1295 228-938-4584

Date signed: 5/20/06

### HELPFUL INFORMATION:

- Coast Water Well Service ----- (228) 826-9275
- Jackson County Health Department Environmental Office ----- (228) 875-1336
- Harrison County Health Department Environmental Office ----- (228) 831-5398
- Micro-Methods Laboratory ----- (228) 875-6420
- Coast Chlorinator ----- (228) 392-2085

**COST TO CHLORINATE WELL AND PUMP SYSTEM \$200.00**

**APPROXIMATE COST OF CHLORINATOR SYSTEM INSTALLED \$850.00**

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