State Well Report
Part 1

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: Hancock
Permit #:
Driller: AL HARRINGTON
Date drilling completed: 4/15/07

For Office Use Only:
Aquifer:
Well #: A-52
L. S. Elevation:
E-log #:

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

Owner Name: Ken Ladner
Mailing Address: 29141 J.C. Ladner Rd
Perkinston, MS 39573
City State Zip Code
Telephone No. ( )

Well Location

Latitude: 30° 35' 37.3" Longitude: -89° 26' 15.5"
37 15
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SW ¼ NE ¼ Sec. 19 Twn. 5S Rng. 15W
Distance 2 Miles Direction W of Nearest Town Necaise

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Dairy
Date well drilling started: 4/14/07 Date well drilling completed: 4/15/07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 98' feet above or below (circle one) land surface Date measured: 4/15/07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 264' Well depth: 264' Well grouted to a depth of 10' feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 244' feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC
Screen slot size: .008' inches Setting depth: From 244' feet to 264' 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 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, 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.

AL HARRINGTON #0-564
Print Name of Water Well Contractor and License No.

AL Harrington
Signature of Water Well Contractor

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[illegible]

A-52

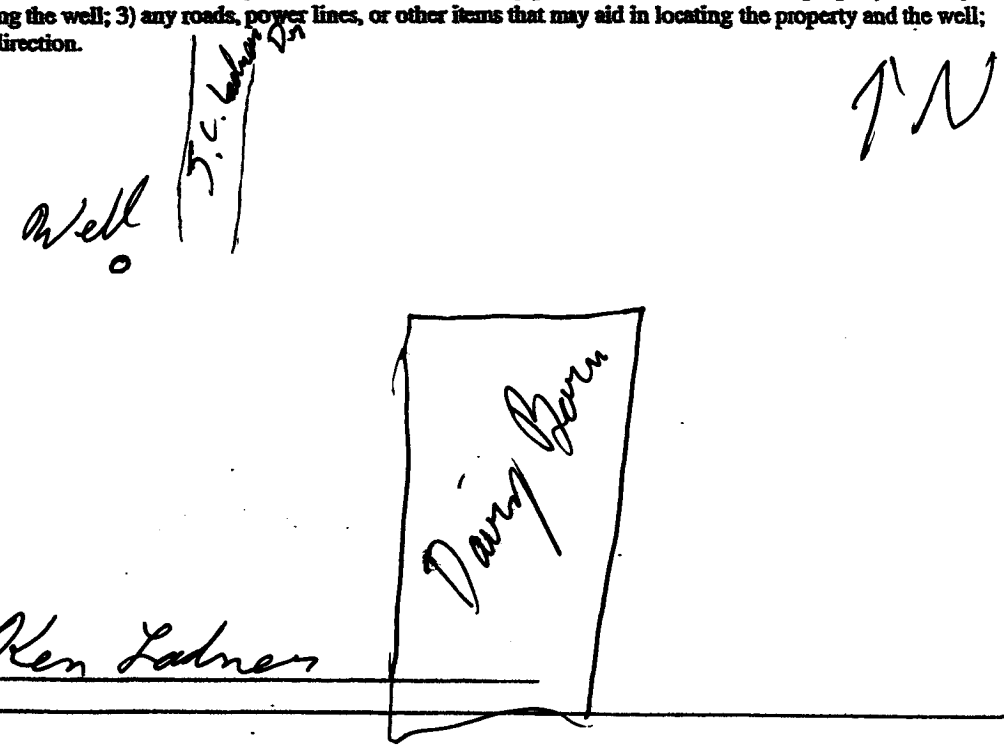
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Red Clay	0'	34'
Fine red silty sand	34'	50'
fine red sand	50'	78'
unlike clay	78'	140'
Blue Clay	140'	240'
fine grey sand	240	260'
coarse grey sand	260'	264'
clay	264'	

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.



Landowner Name: Ken Ladner

Signature of Water Well Contractor

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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: Hancock
Permit #:
Driller: AL HARRINGTON
Date completed: 4/15/07

For Office Use Only:
Aquifer:
Well #: A-52
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

Owner Name: Ken Ladner
Mailing Address: 29141 J.C. Ladner Rd.
Perkinston MS 39573
City State Zip Code
Telephone No. ( )

Well Location

Latitude: 30°35'37.3" 37 Longitude: W-89°26'15.5" 15
Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS) Survey-grade GPS
SW ¼ NE ¼ Sec 19 Twn 5S Rng 15W
Distance 2 Miles Direction W of Nearest Town Necaise

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 4/15/07
Rated Pump Capacity: 28 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas, (Electric Motor), Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 2HP
Setting Depth: 140' feet
Number of Stages:

Pump Test Data

Date Well Tested: 4/15/07
Static Water Level (A): 98' Feet Below Land Surface
Pumping Water Level (B): 140' Feet Below Land Surface
Drawdown [(B) – (A)]: Feet Below Land Surface
Test Pumping Rate: Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours

Method of Measuring Water Level
Circle one

Air Line, Electric Measuring Line, (Steel Tape)
Other (specify):
For flowing well, measured shut in head: feet
Well yielded GPM with a drawdown of
feet after hours of pumping

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

AL HARRINGTON #0-564
Print Name of Pump Installer and License No. (if applicable)

AL Harrington
Signature of Pump Installer

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MAY 18 2007
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