

### 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)

County: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Serv.  
 Date drilling completed: 2-4-09

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: A-83  
 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	Well Location
Owner Name: <u>Dickie, Joe, Ladner</u>	Latitude: <u>30° 35' 50.8"</u> Longitude: <u>89° 17' 28.5"</u>
Mailing Address: <u>Riceville Rd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>31</u> <u>17</u>
<u>Saucier, MS 39574</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 22 Twn T55 Rng R13W</u>
Telephone No. <u>601-216-8702</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>LIZANA</u>

**Well Data**

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

Date well drilling started: 2-3-09 Date well drilling completed: 2-4-09

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 2-4-09

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

Hole depth: 73 FT Well depth: 73 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 63 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 63 feet to 73 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. Signature of Water Well Contractor



# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-83  
 Elevation: \_\_\_\_\_

County: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: Coastwater Wellserv.  
 Date completed: 2-4-09

**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>Dickie Joe Ladner</u>	Latitude: <u>30°35'50.8"</u> Longitude: <u>089°17'28.5"</u>
Mailing Address: <u>Riceville Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>17</u>
<u>Saucier, ms 39574</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 22 Twn T5S Rng R13W</u>
Telephone No. <u>228 216-8702</u>	Distance Direction Nearest Town
	<u>5 Miles NW of Lizana</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>2-27-09</u>	Setting Depth: <u>60 FT. Droppipe</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-27-09</u>	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>25</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>35</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 3/4</u> hours	

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

Jack Ridgell 0-472  
 Print Name of Pump Installer and License No. (if applicable)

Jack Ridgell  
 Signature of Pump Installer

**RECEIVED**  
 MAR 11 2009  
 BY: OLWR

A-83

# 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): *Jack Rydell 0-472*

Purchaser/Customer (signature): *Dickie Joe Ladd*

Purchaser Name (printed): C. BAR J FARMS / Dickie Joe LADNER

Purchaser Mailing Address: Riceville Rd, Saven, MS 39574

Purchaser Phone Numbers: 228-216-8702

Date signed: 2/3/09

### 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**