

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5555  
(601)961-5228 (fax)

### For Office Use Only:

Well #: JA29  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Harrison  
Permit #: 0239  
Driller: McBill Pump Well  
Date drilling completed: 2-14-18

*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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Brent Laahier</u>	Latitude: <u>30° 27' 15.8" N</u> Longitude: <u>89° 20' 22.8" W</u>
Mailing Address: <u>11540 Edwin Ladder Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Pass Christian MS 39511</u> City State Zip Code	USGS quad <u>NW 1/4 NW 1/4, Sec 7 T 75 R 13W</u> <u>8.4</u> Miles <u>South East</u> of <u>Kiln</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(228) 669-6222</u>	

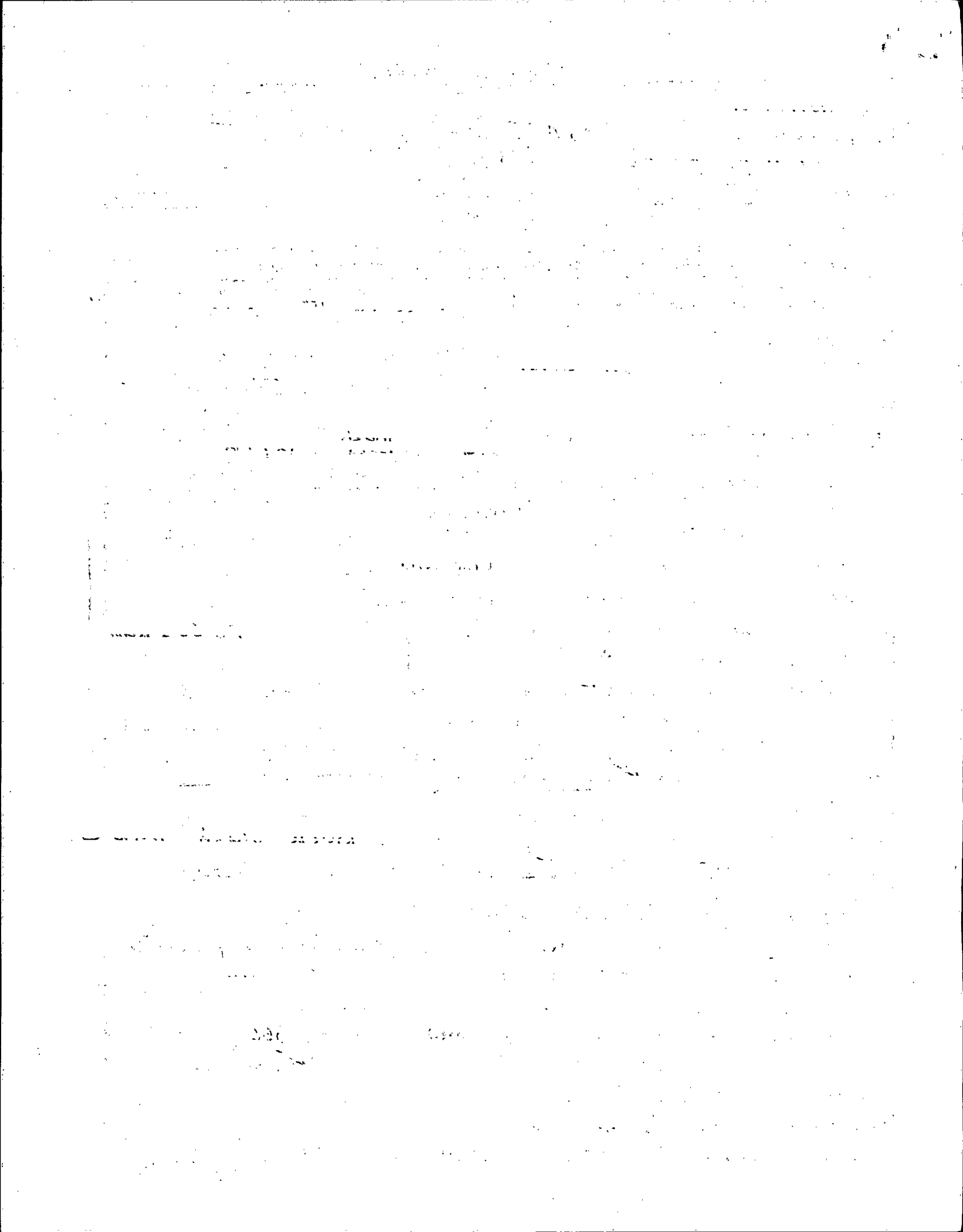
Well / Borehole Data
Date drilling started: <u>2-13-18</u> Date drilling completed: <u>2-14-18</u> Hole depth: <u>360</u> Hole diameter: <u>2"</u>
Location of the source of any surface water used for drilling: <u>well water</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</u>
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: <u>NO LOG RUN</u>
Name of organization running log(s): <u>N/A</u>
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>Back wash valve</u>
Static Water Level: <u>40</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>2-14-18</u> (check one)
Method of measurement (check one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>360</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>340</u> feet Casing diameter: <u>2"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>2"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>006</u> inches Setting depth: From <u>340</u> feet to <u>360</u> feet
Type of completion (check all applicable): <input type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>0</u> 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 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: Harrison  
 Permit #: 0239  
 Driller: McBill Pumpwell  
 Date completed: 2-16-18  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: J429  
 Aquifer: \_\_\_\_\_

*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	Well Location
Owner Name: <u>Brent Ladner</u>	Latitude: <u>30° 27' 15.8" N</u> Longitude: <u>89° 00' 22.8" W</u>
Mailing Address: <u>11540 Edwin Ladner Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Pass Christian MS 39571</u> City State Zip Code	<u>1/4 1/4 Sec 7 T 7S R 13W</u> <u>8.4 Miles South East of Kiln</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(228) 669-6222</u>	

**Pump Type (check one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 2-16-18 Rated Pump Capacity: 7 Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 1 h.p. Setting Depth: 65 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 2-16-18 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 40 Feet Below Land Surface Pumping Water Level (B): 65 Feet Below Land Surface

Drawdown [(B) - (A)]: 0 Feet Below Land Surface Test Pumping Rate: 30 Gallons Per Minute

Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well** N/A

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation** N/A

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (check one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

Michael Merrill #0239 2/16/18 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Journal of Political Economy

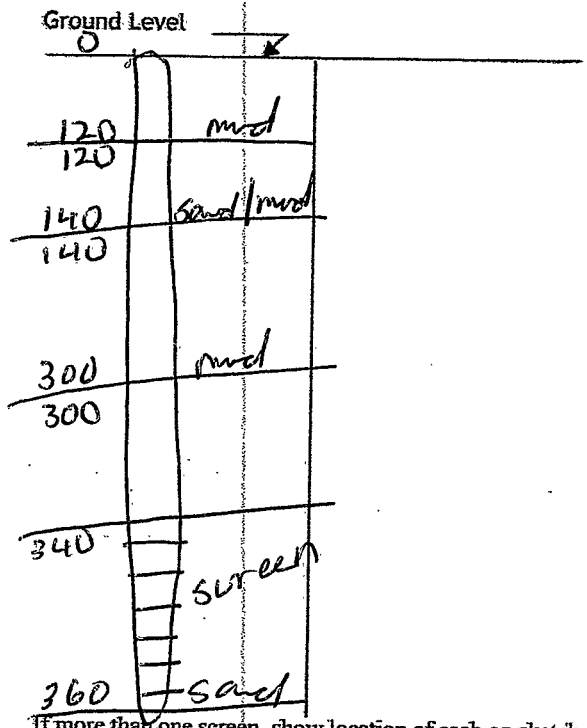
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Due to the low contrast and high noise of the image, the specific words and sentences cannot be accurately transcribed. The text is scattered across the page, with some lines appearing to be headings or section titles, and others appearing to be the main body of the document. The layout is dense and lacks clear visual markers to distinguish between different sections.

County: Harrison  
 Permit #: D239

**For Office Use Only:**  
 Well #: J429

**The sketch below only required for water wells**  
**If well telescopes, show depths on sketch.**



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

**Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations**

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
mud	0	120
sand/mud	120	140
mud	140	300
sand	300	360

- 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) north arrow

*See Back Page*

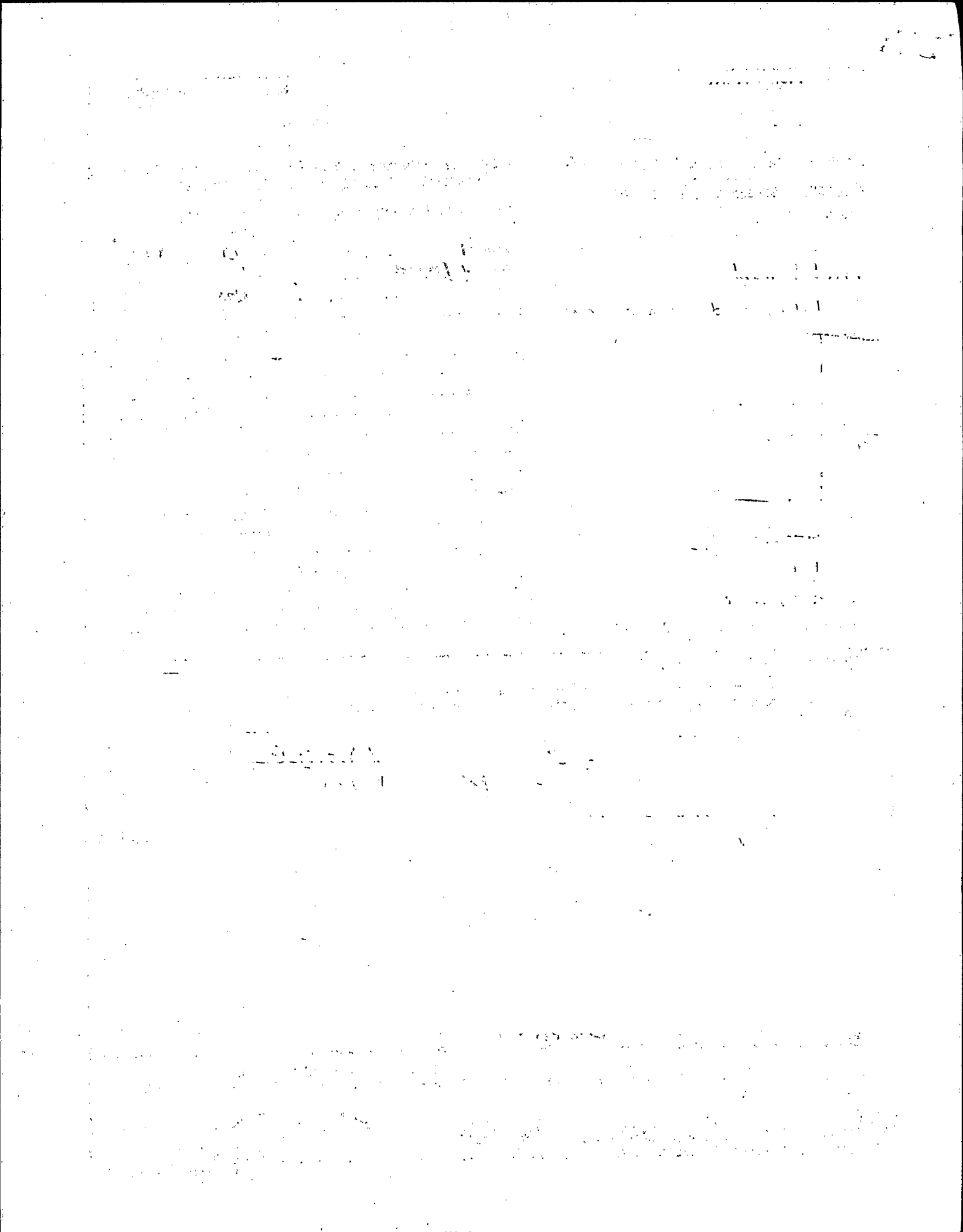
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Landowner Name: Brent Ladnier

I HEREBY 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.

Michael Mitchell & # 0239      3/6/18

Print Name of Responsible Licensee and License No.      Date      Signature of Licensee



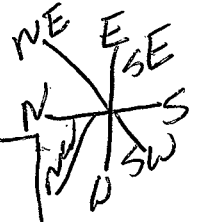
JA29

Necos market place  
Cable  
Bridse  
ped

Vidalia Rd

Loves  
pharmacy

JP Ladner Rd



new well  
+ new trees

camp  
box

fence

cattle  
box

fishpole



11540 gravel  
Edwin  
Ladner Rd ped

Five tower  
ped

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