142

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)

County: Harrison
Permit #: 0239
Driller: McBill Pump & Well
Date drilling completed: 11-7-18

For Office Use Only:
Well #: J438
Aquifer:
E-Log #:

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
(Landowner if borehole is not for a water well)

Owner Name: Wade Ladner
Mailing Address: 11440 Firetower Rd
Pass Christian MS 39571
City State Zip Code
Telephone No. (228) 669-6362

Well or Borehole Location

Latitude: 30° 27' 10.46" N Longitude: 89° 17' 16.17" W
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____
SW ¼ NW ¼, Sec 10 T 7S R 13W
6.4 Miles North of DeLisle
(*Distance*) (*Direction*) (*Nearest Town*)

Well / Borehole Data

Date drilling started: 11-5-18 Date drilling completed: 11-7-18 Hole depth: 540 Hole diameter: 3 X 2
Location of the source of any surface water used for drilling: well water
Method of dosing and volume of Chlorine used in drilling and development: NA
Logs run (check *all applicable*): ☐ log run ☐ Electric ☐ Gamma Ray ☐ Density ☐ Sonic ☐ Neutron Other: No Logs
Name of organization running log(s): NA
Purpose of borehole (check one): Water Well ☑ Geotechnical/Geological Investigation ☐ Ground Source Heat Pump ☐ Seismic Survey Other (*describe*)

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

Purpose of Well (check *all applicable*): ☑ Home ☐ Industrial ☐ Public Supply ☐ Irrigation ☐ Fish Culture
Other (*describe*):
If a flowing well, method of flow regulation: Valve ____ Other (*describe*) Back wash valve
Static Water Level: 120 feet [☐ above or ☑ below] land surface (check *one*) Date measured: 11-7-18
Method of measurement (check *one*) ☑ Steel tape ☐ Electric tape ☐ Air line ☐ Other (*describe*):
Well depth: 540 Well grouted to a depth of: ____ feet Type of grout (check *one*) ☐ Neat Cement ☐ Bentonite ☐ Mix
Casing length: 520 feet Casing diameter: 3 X 2 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .006 inches Setting depth: From 520 feet to 540 feet
Type of completion (check *all applicable*) ☐ gravel packed ☐ Underreamed ☐ Open hole ☑ Natural Development
Other (*describe*):
Top of lap pipe or reduction in casing: 200 feet

If telescoped or more than one screen, describe on next page

STATE WELL REPORT

County: Harrison
Permit #: 0239
Driller: mc Gill Pump + well
Date completed: 11-7-18
Copy information from block on Part 1

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)

For Office Use Only:
Well #: JA38
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

Owner Name: Wade Ladner
Mailing Address: 11440 Firetower Rd
Pass Christian MS 39571
City State Zip Code
Telephone No. (228) 669-6362

Well Location

Latitude: 30° 27' 10.46" N Longitude: 89° 17' 16.17" W
Method of Lat/Long (*check one*): Conventional Survey_____, USGS quad_____, Hand-held GPS ✓, Survey-grade GPS_____
SW ¼ NW ¼, Sec 10 T 7S R 13W
6.4 Miles North of DeLisle
(Distance) (Direction) (Nearest Town)

Pump Type (check *one*)

Submersible ☑ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (*describe*): _____
Date Pump Installed: 11-12-18 Rated Pump Capacity: 15 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 Setting Depth: 160 feet Number of Stages: 7

Pump Test Data for Non Flowing Well

Date Well Tested: 11-12-18 Duration of Pump Test (*minimum 4 hours*): 4 hours
Static Water Level (A): 120 Feet Below Land Surface Pumping Water Level (B): 160 Feet Below Land Surface
Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 13 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.

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

Michael McGill # 0239 — Print Name of Pump Installer and License No. (*if applicable*)
11/16/18 — Date
Signature of Pump Installer

Form: OLWR-SWR-2A (*4/13*)

County: Harrison

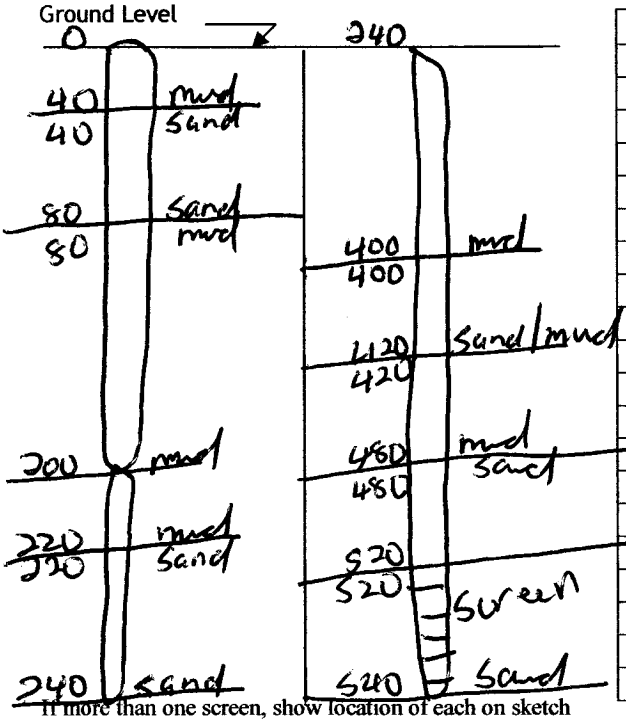
Permit #: 0239

For Office Use Only:

Well #: J438

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*) Ground level	To (*depth*)
mud	0	40
sand	40	80
mud	80	220
sand	220	240
mud	240	400
sand/mud	400	420
mud	420	480
sand	480	540

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: Wade Ladner

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 McNill Lic# 0239 — Print Name of Responsible Licensee and License No.

11/16/18 — Date

Signature of Licensee

Form: OLWR-SWR-1B (*4/13*)

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