

# 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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: H190  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson

Permit #: \_\_\_\_\_

Driller: Coast Water Wells SRV.

Date drilling completed: 8/28/09

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>Plaas, Inc.</u>	Latitude: <u>30° 38' 810"</u> Longitude: <u>088° 30' 091"</u>
Mailing Address: <u>28 J.V. Jordan Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>Poplarville, Ms 39470</u>	USGS quad: <u>SE 1/4 NO 1/4 Sec 5 Twn 75 S Rng 15 W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>1</u> Miles Direction: <u>Southeast</u> Nearest Town: <u>Hurley</u>
Telephone No. <u>(601) 403-9848</u>	

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Waste water system</u>	<u>Washdown @</u>
Date well drilling started: <u>8/26/09</u>	Date well drilling completed: <u>8/28/09</u>
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>45</u> feet above or below (circle one) land surface	Date measured: <u>8/28/09</u>
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Hole depth: <u>94 FT.</u> Well depth: <u>94 FT.</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one) Cement <u>Bentonite</u> Mix	
Casing length: <u>84</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.006</u> inches Setting depth: From <u>84</u> feet to <u>94</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>N/A</u>	

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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# 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: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells SRV.  
 Date completed: 8/28/09

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H190  
 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>Plaas, Inc.</u>	Latitude: <u>30°38'810"</u> Longitude: <u>088°30'097"</u>
Mailing Address: <u>28 J. V. Jordan Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> <sup>49</sup> <sup>06</sup>
<u>Poplarville, Ms 39470</u>	USGS quad: <u>Hand-held GPS</u> , <u>Survey-grade GPS</u>
City State Zip Code	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec. <u>5</u> Twn <u>T55</u> Rng <u>R5W</u>
Telephone No. <u>(601) 403-9848</u>	Distance <u>1</u> Miles <u>SW</u> Direction of <u>Hurley</u> Nearest Town

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2 HP</u>
Date Pump Installed: <u>8/31/09</u>	Setting Depth: <u>80 FT. Droppipe</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>8/31/09</u>	<u>Air Line</u> <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>45</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>25</u> GPM with a drawdown of
Test Pumping Rate: <u>20</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>40</u> hours	

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

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

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 SEP 09 2009  
 BY: OLWR