

County: Pearl River
 Permit #: _____
 Driller: 0-785
 Date drilling completed: 9-30-09

State Well Report
Part 1 - Driller's Log
 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: S46
 Well #: _____
 L. S. Elevation: _____
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Donna Cadner</u>	Latitude: <u>30° 41' 06.4"</u> Longitude: <u>89° 21' 7.14"</u>
Mailing Address: <u>95 Ray Cadner Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Poplarville MS 39470</u>	USGS quad: <u>5E NW 23</u> Sec. <u>23</u> Twn. <u>4S</u> Rng. <u>14W</u>
City State Zip Code	Distance _____ Miles Direction _____ of _____
Telephone No. <u>(601) 795-7092</u>	

Well / Borehole Data

Date drilling started: 9-30 Date drilling completed: 9-30 Hole depth: 260' Hole diameter: 5"

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

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

Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 9-30-09

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

Well depth: 260' Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 3 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 3 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 240 feet to 260 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 next page*

Form: OLWR-SWR-1A

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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: PEARL RIVER
 Permit #: _____
 Driller: WAGNER WELL SQ.
 Date completed: 10/07/09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: S46
 Elevation: _____

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>KEITH / DORNA LADNER</u>	Latitude: <u>30° 41.064'</u> Longitude: <u>89° 21.714'</u>
Mailing Address: <u>95 Ray Ladner Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Poplarville MS 39470</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 NE 1/4 Sec 23 T 45 R 14W</u>
Telephone No.: <u>(601) 795-2092</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift: _____ Jet: _____ <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket: _____ Piston: _____ Turbine: _____	<input checked="" type="radio"/> <u>Electric Motor</u> Hand _____ Tractor PTO _____
Centrifugal: _____ Rotary: _____ Flowing Well: _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5</u>
Date Pump Installed: <u>10/07/09</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>22</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/07/09</u>	Air Line _____ Electric Measuring Line _____ <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>65</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Anthony Furst DR mpo-805
 Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer _____

Form: OLWR-SWR-1B
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