

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 #: C-154
L. S. Elevation: _____
E-log #: _____

County: Bolivar
Permit #: _____
Driller: Charles M. Nichols
Date drilling completed: 1-5-06

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.

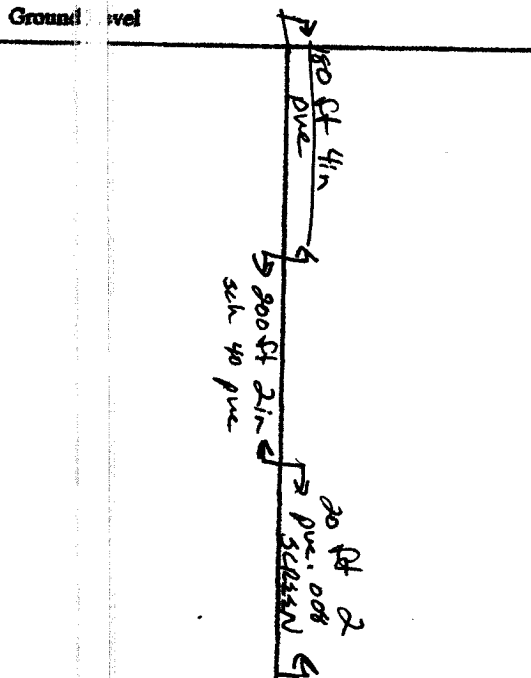
Well Owner Information	Well Location
Owner Name: <u>Mark Couey</u>	Latitude: <u>33° 54' 52" N</u> Longitude: <u>91° 00' 31" W</u>
Mailing Address: <u>P.O. Box 743</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Rosedale MS 38769</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 22</u> ✓ Twn <u>24 N</u> Rng <u>8 W</u>
Telephone No. _____	Distance Direction Nearest Town <u>3</u> Miles <u>North</u> of <u>Rosedale</u>

Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>1-5-06</u> Date well drilling completed: <u>1-5-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>42</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>1-5-06</u>	
Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>400</u> Well depth: <u>400</u> Well grouted to a depth of <u>20</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>380</u> feet Casing diameter: <u>4x2</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>.008</u> inches Setting depth: From <u>380</u> feet to <u>400</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe reduction in casing: <u>180</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): _____	

I certify that this 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.

Charles M. Nichols 0-667 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

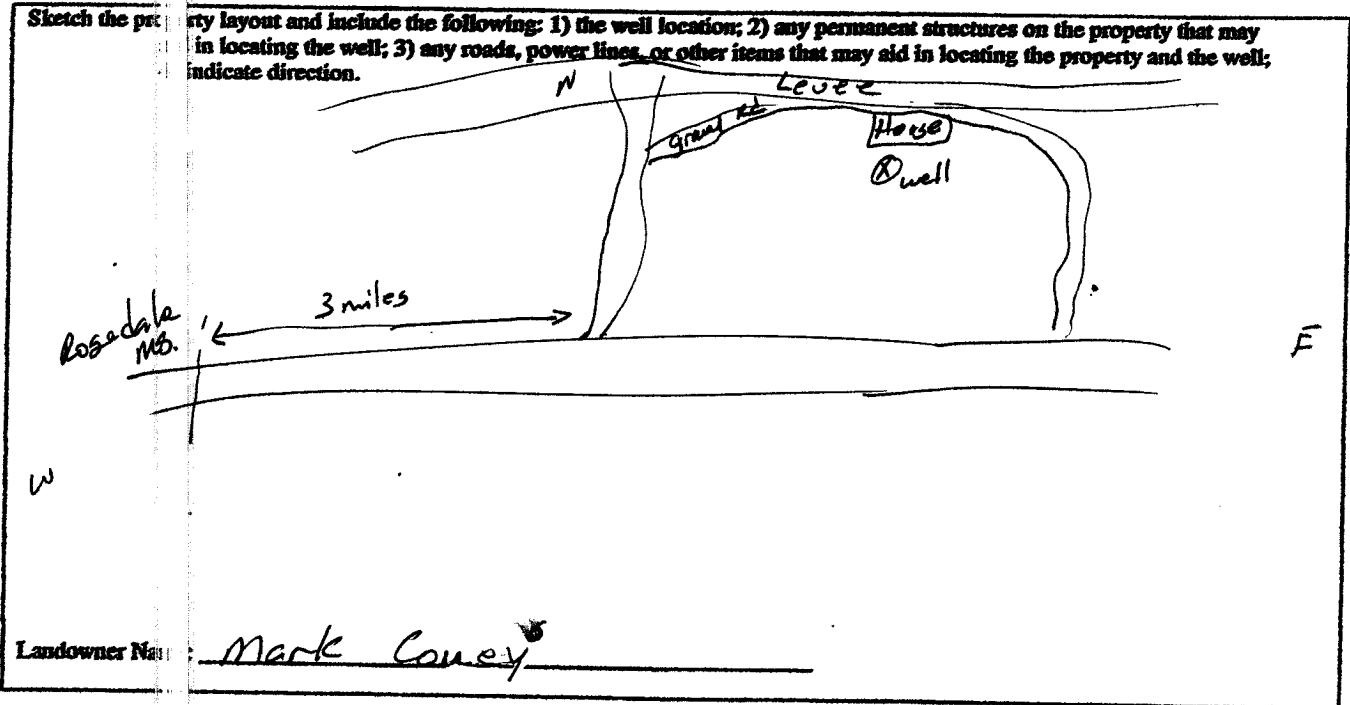
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Description of Formations Encountered	From	To
Clay	0	20
Fine + med sand	20	60
Course sand + gravel	60	198
Clay + shell	198	320
med sand little shell	320	340
med sand	340	360
course sand	360	400

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

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; indicate direction.



Landowner Name: Mark Conroy

Charles M. Nichols
Signature of Water Well Contractor

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STATE WELL RETURN

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 #: C-154

Elevation: _____

County: Bolivar
 Permit #: _____
 Driller: Charles M. Nichols
 Date completed: 1-06-06

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>Mark Coley</u>	Latitude: <u>33°54'52" N</u> Longitude: <u>091°00'31" W</u>
Mailing Address: <u>P.O. Box 743</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Rosedale MS 38769</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 22 Twn 24N Rng 8W</u>
Telephone No. _____	Distance Direction Nearest Town
	<u>3 Miles North of Rosedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>1-06-06</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>42</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer _____

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