

County: Carroll  
 Permit #:  
 Driller: Charles M. Nichols  
 Date drilling completed: 8-25-15

# 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) 961-5210  
 (601) 360-0535 (fax)

### For Office Use Only:

Well #: B1:3  
 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)	Well or Borehole Location
Owner Name: <u>Mary F. Wright</u>	Latitude: <u>33° 39' 23.01" N</u> Longitude: <u>90° 01' 19.55" W</u>
Mailing Address: <u>Box 1972 County Rd 109</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Carrollton</u> <u>MS</u> <u>38917</u> City State Zip code	<u>SW 1/4 NE 1/4, Sec 30 T. 21 N. R. 3 E</u>
Telephone No. ( ) -	<u>3</u> Miles <u>East</u> of <u>Avalon</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>8-25-15</u>	Date drilling completed: <u>8-25-15</u> Hole depth: <u>120</u> Hole diameter: <u>2 7/8</u>
Location of the source of any surface water used for drilling: <u>Public Water</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>HTH</u>	
Logs run (check all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
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 <input type="checkbox"/> Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>39</u> feet ( <input type="checkbox"/> above or <input checked="" type="checkbox"/> below) land surface (check one)	Date measured: <u>8-26-15</u>
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>115</u> Well grouted to a depth of: <u>20</u> feet	Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>95</u> feet Casing diameter: <u>4</u> inches	Type of casing: <u>pvc</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches	Type of screen: <u>pvc</u>
Screen slot size: <u>.008</u> inches	Setting depth: From <u>95</u> feet to <u>115</u> feet
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/> Other (describe): _____	
Top of lap pipe or reduction in casing: _____ Feet	
<i>If telescoped or more than one screen, describe on next page</i>	

**Received**  
 APR 28 2016  
 By OLWR

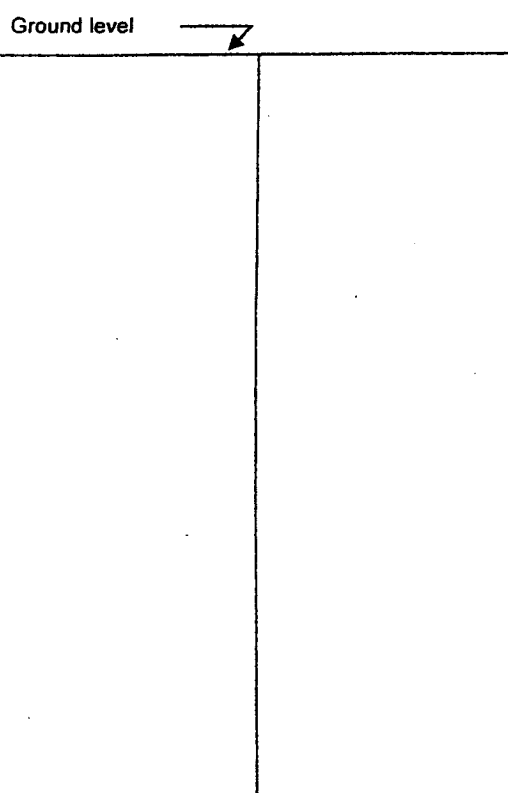
Form: OLWR-SWR-1A (4/13)

County: Carroll  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: BK3

The sketch below only required for water wells  
If well telescopes, show depths 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	20
clay		
clay white sand streak	20	40
med sand	40	60
med to coarse sand	60	80
coarse sand	80	115
gray clay	115	120

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  
 4) a north arrow

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Landowner Name: Mary F. Wright.

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. Form: OLWR-SWR-1A (04/08)

Charles M. Nichols 0-667      4-17-16      Charles M. Nichols  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

Form: OLWR-SWR-1A (4/13)

County: Carroll  
 Permit #: \_\_\_\_\_  
 Driller: Charles M. Nichols  
 Date drilling completed: 8-25-15  
*Copy information from block on Part 1*

# 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)

**For Office Use Only:**  
 Well #: B103  
 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>Mary F. Wright</u>	Latitude: <u>33° 39' 23.01"</u> Longitude: <u>90° 01' 19.55" W</u>
Mailing Address: <u>Box 1972 County Rd 109</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Carrollton</u> <u>MS</u> <u>38917</u> City State Zip code	____ ¼ ____ ¼, Sec ____ T ____ R ____
Telephone No. ( ) -	<u>3</u> Miles <u>East</u> of <u>Avalon</u> (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed 8-26-15 Rated Pump Capacity: 18 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: 80 feet Number of Stages: 7

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 39 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
 Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
 Method of measurement (check one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
 Measured shut in head: \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
 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

**Received**  
**APR 28 2016**  
**By OLWR**

*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.

Charles M. Nichols 0667 4-19-16 Charles M. Nichols  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer  
 Form: OLWR-SWR-1B (4/13)