

State Well Report

Part I

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 #: A-31
 L. S. Elevation: _____
 E-log #: _____

County: Covington
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 4-4-06

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>Don Nichols</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>109 Calvary Church Rd.</u> <u>Magee, MS 39111</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec. <u>1</u> Twn. <u>17N</u> Rng. <u>17W</u>
Telephone No. (____) _____	Distance: <u>1 1/2</u> Miles Direction: <u>N</u> of Nearest Town: <u>Mt. Olive</u>
Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>4-4-06</u> Date well drilling completed: <u>4-4-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe): _____	
Static Water Level: <u>55</u> feet above <u>below</u> (circle one) land surface Date measured: <u>4-4-06</u>	
Method of Measurement (circle one): steel tape electric tape air line other: <u>String Line</u>	
Hole depth: _____ Well depth: <u>135</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>115</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>Sch 40</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>Sch 40</u>	
Screen slot size: <u>8</u> inches Setting depth: From <u>115</u> feet to <u>135</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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 back of page	
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
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.	
Print Name of Water Well Contractor and License No. <u>Travis Boone D-514</u>	Signature of Water Well Contractor <u>Travis Boone</u>

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BY: OLWR

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)

For Office Use Only:

Aquifer: _____
 Well #: A-31
 Elevation: _____

County: Covington
 Permit #: _____
 Driller: Travis Boone
 Date completed: 4-4-06

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>Don Nichols</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>109 Calvary Church Rd</u> <u>Magee, MS 39111</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City _____ State _____ Zip Code _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. () _____	_____ 1/4 _____ 1/4 Sec. <u>1</u> Twp <u>9N</u> Rng <u>17W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>1 1/2 Miles N of Mt. Alvie</u>

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</u>
Date Pump Installed: <u>4-4-06</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>55</u> Foot Below Land Surface	Other (specify): <u>String Line</u>
Pumping Water Level (B): _____ Foot Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Foot Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>16.0F</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Travis Boone
 Print Name of Pump Installer and License No. (if applicable)

Travis Boone
 Signature of Pump Installer

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