

# 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 #: E-215  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Humphreys  
Permit #: 60-40685  
Driller: Charles M. Nichols  
Date drilling completed: 10-1-05

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>Goodbody Int.</u>		Latitude: <u>33° 09' 46" N</u>	Longitude: <u>90° 37' 45" W</u>
Mailing Address: <u>1100 Hwy 3</u>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
<u>Sumner MS 38778</u>		<u>SW 1/4 NE 1/4</u> Sec <u>5</u> Twn <u>15N</u> Rng <u>4W</u>	
City: _____ State: _____ Zip Code: _____		Distance: <u>8 1/2</u> Miles	Direction: <u>West</u> of Nearest Town: <u>BETZEL</u>
Telephone No.: _____			

Well Data	
Purpose of Well (circle one): Home Industrial Public Supply Irrigation <u>Fish Culture</u> Other: <u>Replacement</u>	
Date well drilling started: _____ Date well drilling completed: <u>11-1-05</u> <u>706109856</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>32</u> feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>120</u> Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite <u>Mix</u>	
Casing length: <u>80</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.035</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe reduction in casing: _____ 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 0-0667 Charles M. Nichols  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
DEC 05 2005  
BY: OLWR



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 #: E-215

Elevation: \_\_\_\_\_

County: Humphreys  
 Permit #: QW40685  
 Driller: Charles M. Nichols  
 Date completed: 11-1-05

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>Goodbody Int.</u>	Latitude: <u>33° 09' 46 N</u> Longitude: <u>90° 37' 45 W</u>
Mailing Address: <u>1100 Hwy. 3</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Sunflower, MS 38778</u>	<u>1/4</u> <u>1/4</u> Sec. <u>5</u> Twn <u>15 N</u> Rng <u>4 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. _____	<u>8 1/2 Miles West of Belzoni</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>Customer's pump.</u>	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: _____	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ 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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ 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.

Charles M. Nichols 0-0667 Charles M. Nichols  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
 DEC 05 2005  
 BY: OLWR