

# 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 #: H-88  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Humphreys  
Permit #: GW41647  
Driller: Charles M. Nichols  
Date drilling completed: 3-7-07

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>Parker Farm LLC</u>	Latitude: <u>33° 04' 20" N</u> Longitude: <u>091° 34' 13" W</u>
Mailing Address: <u>P.O. Box 396</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: <u>Midnight MS</u> State: <u>MS</u> Zip Code: <u>39115</u>	<u>SW 1/4 SW 1/4</u> Sec. <u>12</u> Twn <u>14 N</u> Rng <u>9 W</u>
Telephone No.: _____	Distance _____ Miles Direction: <u>North</u> of Nearest Town: <u>Midnight</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 3-7-07 Date well drilling completed: 3-7-07

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 27 feet above or below (circle one) land surface Date measured: 3-7-07

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 16 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 16 inches Type of screen: pvc

Screen slot size: .035 inches Setting depth: From 80 feet to 120 feet

Type of completion (circle all applicable): Gravel packed 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): No log run 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.

Bill Copping 0-422 Print Name of Well Contractor and License No. Charles M. Nichols Signature of Water Well Contractor

0-0667 Sub-Contractor



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)961-3210  
 (601)354-6938 (fax)

For Office Use Only:

Well #: H-88  
 Elevation: \_\_\_\_\_

County: Humphreys  
 Permit #: \_\_\_\_\_  
 Driller: Charles M. Nichols  
 Date completed: 3-28-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Owner Name: Mailing Address: Telephone No.:	<b>Well Owner Information</b>	<b>Well Location</b>
	<u>Parker Farm &amp; Co</u> <u>P.O. Box 396</u> <u>Midnight MS 39115</u> City State Zip Code	Latitude: <u>33° 04' 20" N</u> Longitude: <u>090° 34' 13" W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>12</u> Twp <u>14</u> Rng <u>4</u> Distance Direction Nearest Town <u>2 Miles North of Midnight</u>

Air Lift Bucket Centrifugal Other (specify): Date Pump Installed: Rated Pump Capacity:	<b>Pump Type</b> Circle one	<b>Power Type</b> Circle one
	Jet <u>Submersible</u> Piston <u>Turbine</u> Rotary <u>Flowing Well</u>	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>

Date Well Tested: Static Water Level (A): Pumping Water Level (B): Drawdown ((B)-A): Test Pumping Rate: Duration of Pump Test (minimum 4 hours):	<b>Pump Test Data</b>	<b>Method of Measuring Water Level</b> Circle one
	(A): <u>27</u> 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 Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured static head: _____ feet Well yielded <u>2500</u> GPM with a drawdown of _____ feet after _____ hours of pumping

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