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Bill Schultz

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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)

County: Issaquena
 Permit #: GW 41343
 Driller: Charles M. Nichols
 Date drilling completed: 9-24-06

For Office Use Only:
 Aquifer: A116
 Well #: A-116
 L. S. Elevation: _____
 E-log #: _____

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>WADE FARMS</u>	Latitude: <u>32° 58' 07"</u>	Longitude: <u>90° 59' 44"</u>	
Mailing Address: <u>GRACE MS 38745</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NW 1/4 Sec 14 Twn 13 N Rng 8 W</u>		
Telephone No: _____	Distance: <u>3</u> Miles	Direction: <u>SW</u>	Nearest Town: <u>Grace MS</u>
Well Data			
Purpose of Well (circle one): <input type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input checked="" type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____	Date well drilling started: _____ Date well drilling completed: _____		
If flowing, method of flow regulation: <input type="radio"/> Valve <input type="radio"/> Other (describe): _____	Static Water Level: <u>22</u> feet above or below (circle one) land surface Date measured: _____		
Method of Measurement (circle one): <input type="radio"/> steel tape <input type="radio"/> electric type <input type="radio"/> air line <input type="radio"/> 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): <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Other: _____	Casing length: <u>50</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): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underscreened <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> Natural Development	Other (describe): _____		
Top of lap pipe reduction in casing: _____ feet. If telescoped or more than one screens, describe on back of page	Logs run (circle all applicable): <input type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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.		
Print Name of Well Contractor and License No. <u>Charles M. Nichols 0-0667</u>	Signature of Water Well Contractor <u>Charles M. Nichols</u>		

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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)354-6933 (fax)

For Office Use Only:

Agriifer:
Well #: A-116
Elevation:

County: Itaquena
Permit #: GW 41343
Driller: Charles M. Nichols
Date completed: 9-30-06

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: Wade Farms
Well Location: Latitude 32 58 0.7 Longitude 90 59 44
Method of Lat/Long: Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
City: GRACE MS State: MS Zip Code: 38745
Distance: 3 Miles SW of Grace MS

Pump Type: Turbine
Power Type: Gasoline Engine
Air Lift: Jet
Bucket: Piston
Centrifugal: Rotary
Other (specify):
Date Pump Installed:
Rated Pump Capacity: 2500 Gallons Per Minute
Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify): N/A
Horse Power Rating of Motor: 50
Setting Depth: 60 feet
Number of Stages: 2

Pump Test Data
Date Well Tested:
Static Water Level (A): 22 Feet Below Land Surface
Pumping Water Level (B):
Drawdown (B):
Test Pumping Rate:
Duration of Pump Test (minimum 4 hours):
Method of Measuring Water Level:
Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured static head:
Well yielded 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
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer

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