

County: Issaquena
 Permit #: GW-47123 ✓
 Driller: Irrigation Equipment
 Date drilling completed: 07/02/2013

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 #: A 165
 Aquifer: _____
 E-Log #: _____

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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>Clyde L. Nichols</u>			Latitude: <u>32 59' 29.2 N</u>	Longitude: <u>91 04' 10.5 W</u>
Mailing Address: <u>P.O. Box 102</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,	
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS	
<u>Glen Allan</u>	<u>Ms</u>	<u>38744</u>	<u>IR 1/4 IR 1/4, Sec 25 T 13 N R 9 W</u>	
City	State	Zip code		
Telephone No. <u>() -</u>			<u>3</u> Miles <u>Southwest</u> of <u>Glen Allan</u>	
			(Distance)	(Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 07/02/2013 Date drilling completed: 07/02/2013 Hole depth: 124 Hole diameter: 18"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check all applicable): ☒ No log run ☐ Electric ☐ Gamma Ray ☐ Density ☐ Sonic ☐ Neutron ☐ Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): ☒ Water Well ☐ Geotechnical/Geological Investigation ☐ Ground Source Heat Pump

☐ Seismic Survey ☐ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ Public Supply ☒ Irrigation ☐ Fish Culture

☐ Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 10' feet [☐ above or ☒ below] land surface Date measured: 07/04/2013

(check one)

Method of Measurement (check one) ☒ Steel tape ☐ Electric tape ☐ Air line ☐ Other: (describe) _____

Well depth: 124 Well grouted to a depth of: 10 feet Type of grout (check one): ☐ Neat Cement ☒ Bentonite ☐ Mix

Casing length: 84 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 85 feet to 124 feet

Type of completion (check all applicable): ☒ Gravel packed ☐ Underreamed ☐ Open hole ☐ Natural Development

☐ Other (describe): _____

Top of lap pipe or reduction in casing: _____ Feet

If telescoped or more than one screen, describe on next page

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

County: Issaquena
 Permit #: GW-47123
 Driller: Irrigation Equipment
 Date drilling completed: 07/02/2013
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 #: A165
 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>Clyde L. Nichols Jr</u>			Latitude: <u>32 59' 29.2 N</u>	Longitude: <u>91 04' 10.5 W</u>
Mailing Address: <u>P.O. Box 102</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,	
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS	
<u>Glen Allan</u>	<u>Ms</u>	<u>38744</u>	<u>IR 1/4 IR 1/4, Sec 25 T 13 N R 9 W</u>	
City	State	Zip code		
Telephone No. <u>() -</u>			<u>3</u> Miles <u>Southwest</u> of <u>Glen Allan</u>	
			(Distance)	(Direction) (Nearest Town)

Pump Type (check one)

☒ Submersible ☐ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): _____

Date Pump Installed 07/04/2013 Rated Pump Capacity: 1000+/- 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: 30 Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ Hours

Static Water Level (A): _____ 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: None Installed 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

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.

Patrick Chism 0695 07/26/2013
 Print Name of Pump Installer and License No. (if applicable) Date

[Signature]
 Signature of Pump Installer

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