

# 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  
(601)961- 5210  
(601)961- 5228 (fax)

County: Issaquena  
Permit #: GW-49310  
Driller: Irrigation Equipment, Inc.  
Date drilling completed: 4-8-16

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: A 1810  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

**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.**

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Nichols Bros Land Company, Inc</u>	Latitude: <u>32 ° 59 ' 56.5 "</u> Longitude: <u>91 ° 04 ' 54.9 "</u>
Mailing Address: <u>PO Box 334</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Glen Allan MS 38744</u>	SW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec <u>20</u> Twn <u>13N</u> Rng <u>9W</u>
City State Zip Code	Distance Direction Nearest Town _____ Miles _____ of <u>Glen Allan</u>
Telephone No. ( ) _____	

### Well / Borehole Data

Date drilling started: 4-8-16 Date drilling completed: 4-8-16 Hole depth: 101' Hole diameter: 24"

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

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

Static Water Level: 9 feet above or below (circle one) land surface Date measured: 4-9-16

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

Well depth: 101 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 61 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 62 feet to 101 feet

Type of completion (circle all applicable): Gravel packed 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 next page**

Form: OLWR-SWR-1A (04/08)

# Received

APR 26 2016

# 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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Issaquena  
 Permit #: GW-49310  
 Driller: Irrigation Equipment, Inc.  
 Date completed: 4-8-16  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: A181e  
 Elevation: \_\_\_\_\_

*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>Nichols Bros Land Company, Inc</u>	Latitude: <u>32 59' 56.5"</u> Longitude: <u>91 4' 54.9"</u>
Mailing Address: <u>PO Box 334</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Glen Allan</u> <u>MS</u> <u>38744</u>	<u>SW 1/4 SW 1/4 Sec 20</u> <u>T 13N</u> <u>R 9W</u>
City                  State                  Zip Code	Distance                  Direction                  Nearest Town
Telephone No. ( ) _____	_____ Miles _____ of <u>Glen Allan</u>

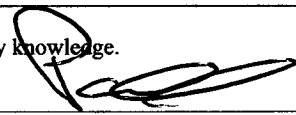
Pump Type Circle one	Power Type Circle one
Air Lift                  Jet                  Submersible	Diesel Engine                  Gasoline Engine                  Natural Gas
Bucket                  Piston <b>Turbine</b>	<b>Electric Motor</b> Hand                  Tractor PTO
Centrifugal                  Rotary                  Flowing Well	Windmill                  Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>4-9-16</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2100 +/-</u> Gallons Per Minute	Number of Stages: <u>1</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

0695

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



Signature of Pump Installer

Received

APR 26 2016

Form: OLWR-SWR-1B (04/08)

By OLWR