

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 #: B-69
L. S. Elevation: _____
E-log #: _____

County: ISSAQUENA
Permit #: GW41304
Driller: Charles M. Nichols
Date drilling completed: 8-4-06

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>JAMES HAMLIN</u>	Latitude: <u>32° 52' 58" N</u> Longitude: <u>091° 59' 10" W</u>
Mailing Address: <u>33163 Hwy 1 So.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Rolling Fork Ms 39159</u>	USGS quad: <u>Hand-held GPS, Survey-grade GPS</u>
City: _____ State: _____ Zip Code: _____	<u>S10 1/4 NE 1/4 Sec 17 Twn 12 N Rng 8 W</u>
Telephone No.: _____	Distance: <u>4</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Mayersville</u>

Well Data

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

Date well drilling started: 8-4-06 Date well drilling completed: 8-4-06

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

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 8-5-06

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: 10 inches Type of casing: pvc

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

Screen slot size: .035 inches Setting depth: From 50 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.

Charles M. Nichols 0-0667 _____
Print Name of Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
11/16/06
BY [Signature]

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 #: B-69

Elevation: _____

County: Issaquena
 Permit #: 60541304
 Driller: Charles M. Nichols
 Date completed: 8-8-06

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		Well Location	
Owner Name: <u>JAMES HAMLIN</u>	Latitude: <u>32°52'58N</u>	Longitude: <u>090°59'10W</u>	
Mailing Address: <u>33163 Hwy 150.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS		
<u>Rolling Fork MS 38701</u>	<u>1/4</u>	<u>1/4</u> Sec <u>17</u>	Twn <u>12</u> Rng <u>8</u>
City State Zip Code	Distance	Direction	Nearest Town
Telephone No. _____	<u>4</u> Miles	<u>SE</u>	of <u>Mayersville</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>8-8-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>500</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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
 BY J. L. ...