County: 5 harkey
Permit # 06042037
Driller: Charles M. Nichols
Date drilling completed: 6-12-07

State Well Report

Part 1 – **Driller's Log**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 #: A- 140
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.

Department at the above address within 30 days of comp	letion of drilling of the well or borehole.
Information on Well Owner	Well or Borehole Location
(Landowner if borehole is not for a water well) Owner Name VLSKATES of SONS TOKE Mailing Address: P. V. Box 157	Latitude: 33 ° 64 ' 57" Longitude: 90 ° 47 ' 5300 O3 47 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Gland-held GPS Survey-grade GPS
Aven M5 3872.3 City State Zip Code Telephone No. ()	NW 1/2 NE 1/2 Sec_ 15 _ Twn Rng Rng Rng
Well / Bore	hole Data
Date drilling started: 6-12-07 Date drilling completed: 6-12-07 Location of the source of any surface water used for drilling: 6-12-07 Method of dosing and volume of Chlorine used in drilling and devel	_
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:
Purpose of borehole (check one): Water Well \underline{V} Geotechnical/Geole	ogical Investigation Ground Source Heat Pump
Seismic Survey Other (describe If drilling is not related to water well construction)
Purpose of Well (check one): Home Industrial Public Supply	Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve O	ther (describe)
Static Water Level: 25 feet above of below (circle one) i	and surface Date measured: 6-14-07
Method of Measurement (circle one) steel tape electric tape	air line other:
Well depth: 123 Well grouted to a depth of 10 feet Type	· · · · · · · · · · · · · · · · · · ·
Casing length: 43 feet Casing diameter: 16	inches Type of casing:
Screen length: 40 feet Screen diameter: 16	
Screen slot size: 1535 inches Setting depth: From	53 feet to /23 feet
Type of completion (circle all applicable) Gravel packed Under	reamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If tell	lescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A

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If well telescopes,	show	depths	on sketch.	
Ground Level.		~		

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
clay sand med to Course sand Course sand-p-gravel # granzel	Ground Level	20
sand	20	40
med to Course sand	40	50
Course sond-p-aravel	50	123
+ aravel		
3		

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.		
Delta City Delta City	E	
Landowner Name: Judge Skates.		
Form: OLWR-S\	WR-1	A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state Charles M. Nichols 0-0667 7-2-07 Charles M. Michols

Print Name of Responsible Licensee and Licensee No. Date

Signature of Licensee

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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)961-5210

	For Office Use Only:
Aquif	fer:
Well	#: A- 140
Eleva	tion:

Date completed: 6-14-07 Copy information from block on Part 1

Charles M. Michols 0-0667 Print Name of Pump Installer and License No. (if applicable)

(601)354-6938 (fax) 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: WCSKATES + SON IN Latitude: 33°04'07 Longitude: 90°47 53W Method of Lat/Long (check one): Conventional Survey_ Mailing Address: P. D. Box 151 USGS quad____, Hand-held GPS___, Survey-grade GPS___ NW 4 NE 4 Sec | 5 T/4 R 62 Distance Direction 1 Miles 3W of Delta City Telephone No. (____)_ Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine **Natural Gas** Turbine Bucket Piston Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor: 60 Other (specify): __ Date Pump Installed: 6 1407 Setting Depth: _____ 6cet Number of Stages: _____/ Rated Pump Capacity: 3000 Gallons Per Minute Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): 25 Feet Below Land Surface Other (specify): _ Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: _____Feet Below Land Surface For flowing well, measured shut in head: Gallons Per Minute Test Pumping Rate: _ Well yielded ___ GPM with a drawdown of Duration of Pump Test (minimum 4 hours): feet after hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Form: OLWR-SWR-1B

Signature of Pump Installer

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BY: OI WR