

State Well Report Part I - 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)

County: Sharkey
 Permit #: GW 43353
 Driller: Charles M. Nichols
 Date drilling completed: 6-9-09

For Office Use Only:
 Aquifer: _____
 Well #: A 173
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>W. C. SKATES + SONS INC</u> Mailing Address: <u>P.O. Box 151</u> <u>AVON MS 38723</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 04' 40" N</u> Longitude: <u>090° 47' 25" W</u> Method of Lat/Long (circle one): Conventional Survey, <u>29"</u> <u>57"</u> USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>SW 1/4 NE 1/4 Sec 10 Twn 14N Rng 6W</u> Distance Direction Nearest Town <u>0</u> Miles <u>0</u> of <u>Delta City</u></p>
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Well / Borehole Data

Date drilling started: 6-9-09 Date drilling completed: 6-9-09 Hole depth: 103 Hole diameter: 26

Location of the source of any surface water used for drilling: Ditch
 Method of dosing and volume of Chlorine used in drilling and development: H 7 H

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: 25 feet above or below (circle one) land surface Date measured: 6-15-09

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

Well depth: 103 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 63 feet Casing diameter: 16 inches Type of casing: plc

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

Screen slot size: 1035 inches Setting depth: From 63 feet to 103 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

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
 (601)354-6938 (fax)

County: Sharkey
 Permit #: CW43353
 Driller: Charles M. Nichols
 Date completed: 6-15-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: A173
 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>W.C. SKATES + SONS INC.</u>	Latitude: <u>33° 04' 48" N</u> Longitude: <u>090° 47' 51" W</u>
Mailing Address: <u>P.O. Box 151</u>	Method of Lat/Long (check one): Conventional Survey _____ 29" 57"
<u>Avon MS 38723</u> City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. () _____	<u>SW 1/4 NE 1/4 Sec 10 T14N R 6W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>0</u> Miles <u>0</u> of <u>Della City</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>6-15-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1700</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-15-09</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>25</u> 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

Form: OLWR-SWR-1B