

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 #: A250
Aquifer: _____
E-Log #: _____

County: Sharkey
Permit #: _____
Driller: Charles M. Nichols
Date drilling completed: 8-17-17

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.

Charles Duist

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Holly Grove Partnership</u>	Latitude: <u>33° 2' 49.35" N</u> Longitude: <u>90° 48' 45.30" W</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>P.O. Box 120</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Anguilla</u> <u>MS</u> <u>38721</u>	<u>SW 1/4 NW 1/4, Sec 22 T14N R6W</u>
City State Zip Code	_____ Miles _____ of _____
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8-17-17</u> Date drilling completed: <u>8-17-17</u> Hole depth: <u>700</u> Hole diameter: <u>7 7/8"</u>
Location of the source of any surface water used for drilling: <u>fire hydrant</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump
Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): <u>Farm head quarters and home</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>8-20-17</u>
<small>(circle one)</small>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>700</u> Well grouted to a depth of: <u>20</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>660</u> feet Casing diameter: <u>4x3</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>3</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.006</u> inches Setting depth: From <u>660</u> feet to <u>700</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>300</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

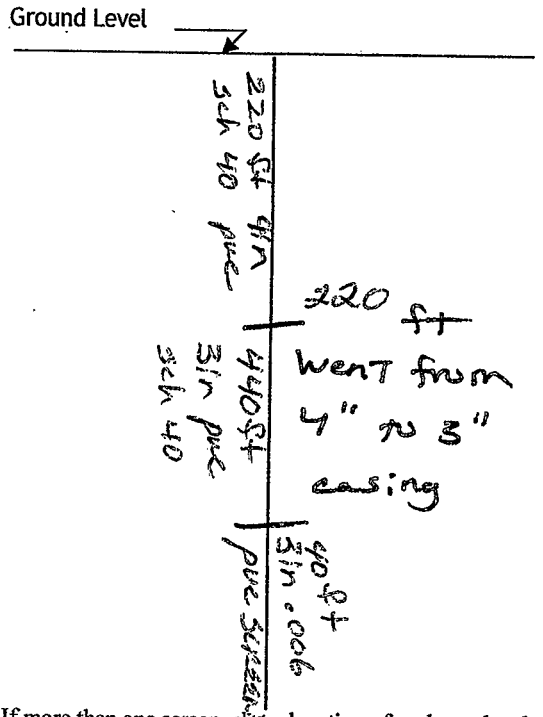
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BY OLWR

County: _____
 Permit #: _____

For Office Use Only:
 Well #: A250

The sketch below only required for water wells
If well telescopes, show depths on sketch.

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	Ground level	40
CS	40	80
CS + P-gravel	80	180 220
Sand + Clay strks	220	300
fine to med sand	300	380
Clay	380	420
sand + clay	420	480
fine sand	480	500
med sand	500	560
rock	579	
med to fine sand	580	620
med CS	620	640
CS	640	680
med to CS	680	700

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) north arrow

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Landowner Name: _____

I HEREBY 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 laws.

Charles m. Nichols 0607 12-18-17 Charles M. Nichols
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: A250
 Aquifer: _____

County: Sharkey
 Permit #: _____
 Driller: Charles M. Nichols
 Date completed: 8-19-17
Copy information from block on Part 1

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>Holly Grove Partnership</u>	Latitude: <u>33° 2' 49.35" N</u> Longitude: <u>90° 48' 45.30" W</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>P.O. Box 120</u>	<u>SW 1/4 NW 1/4, Sec 22 T 14N R 6W</u>
<u>Anguilla Ms. 39721</u>	_____ Miles _____ of _____
City _____ State _____ Zip Code _____	(Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 8-19-17 Rated Pump Capacity: 60 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 5 Setting Depth: 126 feet Number of Stages: N/A

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 (circle 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

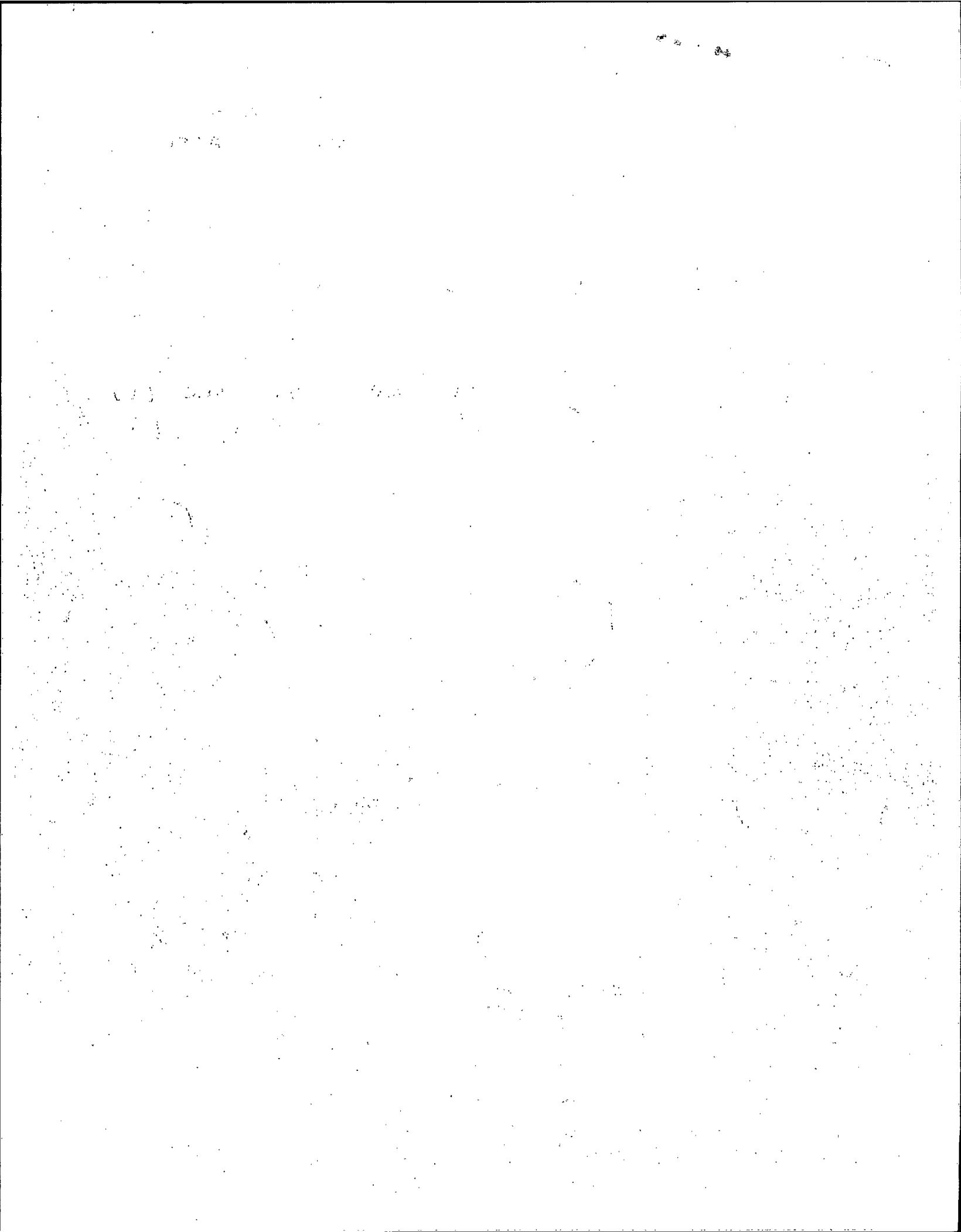
Meter Installation

Meter Manufacturer: _____ 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 (circle 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.

Charles M. Nichols 8221 12-18-17 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



Untitled Map

Write a description for your map

Legend

[Untitled]

Number 66, Island

Rena Lara

well

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