

# 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 #: F-34  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sharkey  
Permit #: \_\_\_\_\_  
Driller: Charles M. Nichols  
Date drilling completed: 8-2-06

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>MARVIN COOPER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>RT 1, Box 412</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Rolling Fork MS 39159</u>	<u>NW 1/4 SE 1/4 Sec 21 Twn 12N Rng 6W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>5</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Rolling Fork</u>
Telephone No.: _____	

**Well Data**

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

Date well drilling started: 8-2-06 Date well drilling completed: 8-2-06

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

Static Water Level: 16 feet above or below (circle one) land surface Date measured: 8-2-06

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

Hole depth: 80 Well depth: 80 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 60 feet Casing diameter: 4 inches Type of casing: plc

Screen length: 20 feet Screen diameter: 4 inches Type of screen: plc

Screen slot size: 0.10 inches Setting depth: From 60 feet to 80 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 Charles M. Nichols  
Print Name of Driller Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
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BY: OLWR



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 #: F-34  
 Elevation: \_\_\_\_\_

County: Sharkey  
 Permit #: \_\_\_\_\_  
 Driller: Charles M. Nichols  
 Date completed: 8-2-06

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>MARVIN COOPER</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>RT. 1, BOX 412</u>	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Rolling Fork MS 39159</u>	<u>NW 1/4 SE 1/4 Sec 21 N Twn 12 Rng 6 W</u>		
City State Zip Code	Distance	Direction	Nearest Town
Telephone No. _____	<u>5</u> Miles	<u>SE</u>	of <u>Rolling Fork</u>

	Pump Type Circle one		Power Type Circle one		
	Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>2</u>		
Date Pump Installed: <u>8-2-06</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>20</u> Gallons Per Minute			Number of Stages: <u>8</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____		Air Line	Electric Measuring Line
Static Water Level (A): <u>16</u> Feet Below Land Surface		<u>Steel Tape</u>	
Pumping Water Level (B): _____ Feet Below Land Surface		Other (specify): _____	
Drawdown ((B) - (A)): _____ Feet Below Land Surface		For flowing well, measured static in head: _____ feet	
Test Pumping Rate: _____ Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ 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.

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

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