

Faxed  
10-15-09

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 #: \_\_\_\_\_  
Driller: Charles M. Nichols  
Date drilling completed: 10-2-09

For Office Use Only:  
Aquifer: 6158  
Well #: \_\_\_\_\_  
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.

Information on Well Owner  
(Landowner if borehole is not for a water well)  
Owner Name: Charles Weissinger  
Mailing Address: P.O. Box 306  
Rolling Fork MS.  
39159  
City State Zip Code  
Telephone No. ( ) \_\_\_\_\_  
Well or Borehole Location  
Latitude: 32° 47.746N Longitude: 90° 57.187W  
Method of Lat/Long (circle one): Hand-held GPS Conventional Survey  
USGS quad, Hand-held GPS Survey-grade GPS  
NW 1/4 NE 1/4 Sec 18 Twn 11N Rng 1W  
Distance Direction Nearest Town  
2 Miles West of Cary

Well / Borehole Data  
Date drilling started: 10-1-09 Date drilling completed: 10-2-09 Hole depth: 120 Hole diameter: 7 7/8  
Location of the source of any surface water used for drilling: Deer Creek  
Method of dosing and volume of Chlorine used in drilling and development: HTH  
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: Farm Supply  
If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 17 feet above or below (circle one) land surface Date measured: 10-2-09  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
Casing length: 90 feet Casing diameter: 4 inches Type of casing: pvc  
Screen length: 30 feet Screen diameter: 4 inches Type of screen: pvc  
Screen slot size: 1.020 inches Setting depth: From 90 feet to 120 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*



### 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: Sharky  
 Permit #: \_\_\_\_\_  
 Driller: Charles M. Nichols  
 Date completed: 10-2-09  
*Copy information from block on Part 1*

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: 6158  
 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>Charles Weissinger</u>	Latitude: <u>32°47.740N</u> Longitude: <u>090°57.181W</u>
Mailing Address: <u>P.O. Box 306</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bolling Fork Ms.</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>39159</u>	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>2</u> Miles <u>West</u> of <u>Cary</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3 Hp</u>
Date Pump Installed: <u>10-2-09</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>60</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 <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>17</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 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B