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WEST WATER WELL DRILLING

6014262154

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### 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 #: L-28  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: ~~Simpson~~ Simpson  
Permit #: \_\_\_\_\_  
Driller: David West  
Date drilling completed: 8-19-08

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>Scott Nichols</u>	Latitude: <u>31° 56' 00"</u> Longitude: <u>89° 41' 00"</u>
Mailing Address: <u>382 Dub Lucky Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Mager MS 39111</u> City State Zip Code	<u>SW 1/4 NE 1/4 Sec 9 Twn 1N Rng 6E</u>
Telephone No. <u>(601) 278-5298</u>	Distance <u>5</u> Miles <u>NE</u> Direction of <u>Mager</u> Nearest Town

#### Well Data

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

Date well drilling started: 8-19-08 Date well drilling completed: 8-19-08

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 8-19-08

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

Hole depth: 160 Well depth: 160 Well grouted to a depth of 110 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 140 feet to 160 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of log pipe or 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 the 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.

David West 0672  
Print Name of Water Well Contractor and License No.

David West RECEIVED  
Signature of Water Well Contractor

SEP 18 2008  
BY: OLWR

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WEST WATER WELL DRILLING

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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  
 (601)354-6938 (fax)

County: Simpson  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date completed: 8-19-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L-28  
 Elevation: \_\_\_\_\_

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>Scott Nichols</u>	Latitude: <u>31° 56'</u> Longitude: <u>89° 41'</u>
Mailing Address: <u>382 Dub Luckey Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Magee MS 39111</u> City State Zip Code	<u>SW 1/4 NE 1/4 Sec 9 Twn 1N Rng 6E</u>
Telephone No. <u>(601) 278-5298</u>	Distance Direction Nearest Town <u>5 Miles NE of Magee</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
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>5</u>
Date Pump Installed: <u>8-19-08</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ 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.

David West 0-672  
 Print Name of Pump Installer and License No. (if applicable)

David West  
 Signature of Pump Installer

RECEIVED

SEP 18 2008

BY: OLWR

