

# 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 #: M-115  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Permit #: GW 40218  
Driller: Charles M. Nichols  
Date drilling completed: 5-6-05

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>FIRST FADER CHARLIE W</u> <u>CHARLES FULLER</u>	Latitude: <u>33° 29' 26" N</u> Longitude: <u>90° 40' 15" W</u>
Mailing Address: <u>525 FAIRVIEW</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Greenville MS 38701</u> City State Zip Code	<u>SE 1/4 NW 1/4 Sec 24 Twn 19N Rng 5W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2</u> Miles <u>North</u> of <u>Indianola</u>

Well Data

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

Date well drilling started: 5-6-05 Date well drilling completed: 5-6-05

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: 5-6-05

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: pvc

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

Screen slot size: .035 inches Setting depth: From 80 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 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.

Charles M. Nichols 0-0667  
Print Name of Water Well Contractor and License No.

Charles M. Nichols  
Signature of Water Well Contractor

Replacement well

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Ground Level

GW40218

M-115

Description of Formations Encountered	From	To
Clay	0	27
Fine Sand	27	40
med to coarse sand	40	50
coarse sand	50	100
coarse sand + p-g	60	100
coarse sand	100	120

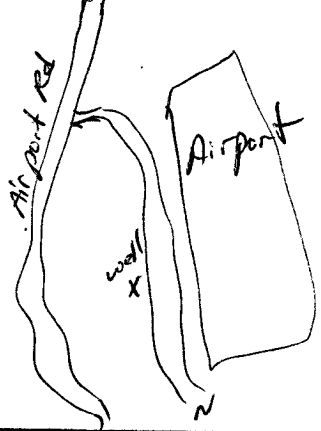
If more than one screen, show location of each on sketch

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) indicate direction.

5

Indiana

Hwy 82



Landowner Name: \_\_\_\_\_

Charles M. Nichols  
 Signature of Water Well Contractor

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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: Sunflower  
 Permit #: QW 40218  
 Driller: Charles M. Nichols  
 Date completed: 5-6-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-115  
 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>FIRST Trade Charles WK</u> <u>CHARLES FULLER</u>	Latitude: <u>33° 29' 26" N</u> Longitude: <u>090° 40' 15" W</u>
Mailing Address: <u>525 FAIRVIEW</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
<u>Greenville MS 38701</u> City State Zip Code	<u>SE 1/4 NW 1/4 Sec 24 Twn 19N Rng 5W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2 Miles North of Indianok</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet                  Submersible	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket              Piston <u>Turbine</u>	Electric Motor              Hand                  Tractor PTO
Centrifugal              Rotary                  Flowing Well	Windmill                  Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ 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.

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

*Customer's pump*

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 JUN 02 2005  
 BY: OLWR