

# 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)

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### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: Q-177  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Sunflower  
 Permit #: \_\_\_\_\_  
 Driller: Charles M. Nichols  
 Date drilling completed: 8-31-05

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>INTERNATIONAL HOLDINGS</u>	Latitude: <u>33° 30' 27" N</u>	Longitude: <u>090° 30' 39" W</u>	
Mailing Address: <u>1100 HWY 3</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>SUNFLOWER MS 38278</u>	<input type="checkbox"/> 3GS quad <input checked="" type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS <input checked="" type="checkbox"/> SW 1/4 <input type="checkbox"/> NE 1/4 Sec <u>22</u> Twn <u>11N</u> Rng <u>3W</u>		
City State Zip Code	Distance	Direction	Nearest Town
	<u>4</u> Miles	<u>North</u>	of <u>MOOREHEAD MS.</u>
Telephone No. _____			

### Well Data

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

Date well drilling started: 8-31-05 Date well drilling completed: 8-31-05

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

Static Water Level: 49 ft feet above or below (circle one) land surface Date measured: 8-31-05

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

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement Bentonite  Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: pvc

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

Screen slot size: 0.35 inches Setting depth: From 70 feet to 110 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  
 Print Name of Water Well Contractor and License No.

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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: 2-177  
 Elevation: \_\_\_\_\_

County: Sunflower  
 Permit #: \_\_\_\_\_  
 Driller: Charles M. Nichols  
 Date completed: \_\_\_\_\_

This report could be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of the pump.

Well Owner Information		Well Location	
Owner Name: <u>INTERNATIONAL HOLDINGS</u>	Latitude: <u>33° 30' 27" N</u>	Longitude: <u>090° 30' 35" W</u>	
Mailing Address: <u>1100 Hwy 3</u>	Method of Lat/Long (circle one): Conventional Survey,		
<u>SUNFLOWER MS 38778</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
City State Zip Code	<u>SW NE</u> <u>SE 1/4 NW 1/4 Sec 22 Twn 19 N Rng 3 W</u>		
Telephone No. _____	Distance	Direction	Nearest Town
	<u>4</u> Miles	<u>North</u> of	<u>Morehead</u>

	Pump Type Circle one		Power Type Circle one		
	Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine
Bucket	Piston	<u>Turbine</u>	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>50</u>		
Date Pump Installed: _____			Setting Depth: <u>70</u> feet		
Rated Pump Capacity: <u>2800</u> Gallons Per Minute			Number of Stages: <u>2</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____	Static Water Level (A): <u>49</u> Feet Below Land Surface	Air Line	Electric Measuring Line
Pumping Water Level (B): _____ Feet Below Land Surface	Drawdown ((B)-A): _____ Feet Below Land Surface	<u>Steel Tape</u>	
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pumping Test (minimum 4 hours): _____ hours	Other (specify): _____	
		For flowing well, measured shut in head: _____ feet	
		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	

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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