

County: Sunflower  
 Permit #: GW-46256 ✓  
 Driller: Charles A. Nichols  
 Date drilling completed: 6-1-12

# STATE WELL REPORT

## Part 1

**Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601) 961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**  
 Well #: C233  
 Aquifer: \_\_\_\_\_  
 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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Rick Moyer</u>	Latitude: <u>33° 30.768N</u> Longitude: <u>90° 28.992W</u>
Mailing Address: <u>Fighting Bayou Fisheries Inc.</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>8015 Fox Fern</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Germantown</u> <u>Tn.</u> <u>39138</u>	<u>SW 1/4 NW 1/4, Sec 14 T19N R3W</u>
City State Zip code	<u>4</u> Miles <u>SE</u> of <u>Sunflower</u>
Telephone No. ( ) -	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 6-1-12 Date drilling completed: 6-1-12 Hole depth: 120 Hole diameter: 26

Location of the source of any surface water used for drilling: Fish Pond

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (check 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 all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture  
 Other (describe): \_\_\_\_\_

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

Static Water Level: 55 feet [ above or  below] land surface Date measured: 6-1-12  
(check one)

Method of Measurement (check one)  Steel tape  Electric tape  Air line  Other: (describe) \_\_\_\_\_

Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (check one):  Neat 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: .032 inches Setting depth: From 80 feet to 120 feet

Type of completion (check all applicable):  Gravel packed  Underreamed  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*



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 Permit #: GW-46256  
 Driller: Charles M. Nichols  
 Date drilling completed: 6-1-12  
*Copy information from block on Part 1*

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601) 961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**  
 Well #: 0233  
 Aquifer: \_\_\_\_\_

*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>Rick Moyer</u>	Latitude: <u>33°30.768N</u> Longitude: <u>90°28.992W</u>
Mailing Address: <u>Fighting Bayou Fisheries</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>8015 Fox Fern</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Germentown TN 38138</u>	<u>SW 1/4 NW 1/4, Sec 14 T19N R3W</u>
City State Zip code	<u>4</u> Miles <u>SE</u> of <u>Sunflower</u>
Telephone No. ( ) -	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed 6-1-12 Rated Pump Capacity: 1800 Gallons Per Minute  
 Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**  
 Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 40 Setting Depth: 80 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: 6-1-12 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 55 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
 Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
 Method of measurement (check one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
 Measured shut in head: \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
 Meter Manufacturer: J.M. Geysler Meter Serial Number: 0872051  
 Meter Model Number/Name: 8" Type of Meter: Propeller  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
 Installation Date: 6-1-12 Meter installed by: Charles M. Nichols  
 Is This Meter (check one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Charles M. Nichols 667 4-10-14 Charles M. Nichols  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)