

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 #: F-123
L. S. Elevation: Q181
E-log #: _____

County: Sunflower
Permit #: _____
Driller: Charles M. Nichols
Date drilling completed: 12-30-05

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.

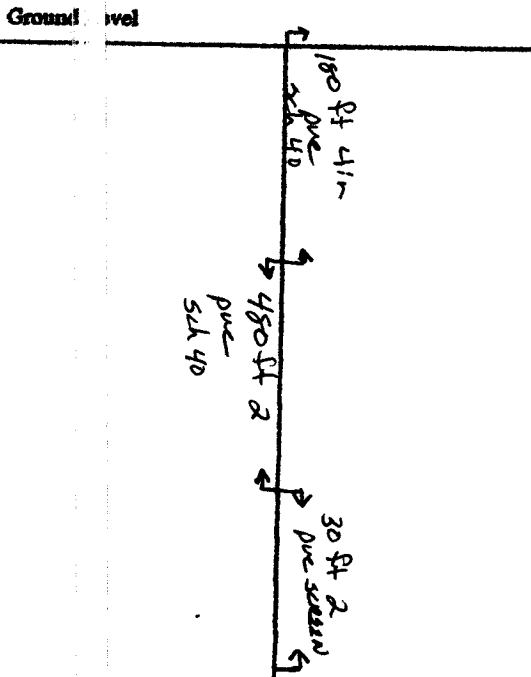
Well Owner Information		Well Location	
Owner Name: <u>Brad Maloney</u>		Latitude: <u>33° 22' 35" N</u>	Longitude: <u>90° 35' 10" W</u>
Mailing Address: <u>Catfish Express</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
		USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS	
<u>Inverness MS 38753</u>		<u>SW 1/4 NW 1/4 Sec 35</u>	Twn <u>17N</u> Rng <u>4W</u>
City State Zip Code		<u>NW</u>	<u>18N</u>
Telephone No. _____		Distance <u>1/2</u> Miles	Direction <u>North</u> of Nearest Town <u>Inverness</u>

Well Data	
Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: <u>Shop</u>	
Date well drilling started: <u>12-28-05</u>	Date well drilling completed: <u>12-30-05</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>4.7</u> feet above or below (circle one) land surface	Date measured: <u>12-30-05</u>
Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>700</u> Well depth: <u>690</u>	Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>660</u> feet Casing diameter: <u>4 1/2</u> inches	Type of casing: <u>pvc</u>
Screen length: <u>30</u> feet Screen diameter: <u>2</u> inches	Type of screen: <u>pvc</u>
Screen slot size: <u>1.008</u> inches	Setting depth: From <u>660</u> feet to <u>690</u> feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	Other (describe): _____
Top of lap pipe reduction in casing: <u>180</u> feet.	If telescoped or more than one screen, describe on back of page
Logs run (circle all applicable): <u>No log run</u> 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 0-667 Charles M. Nichols
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

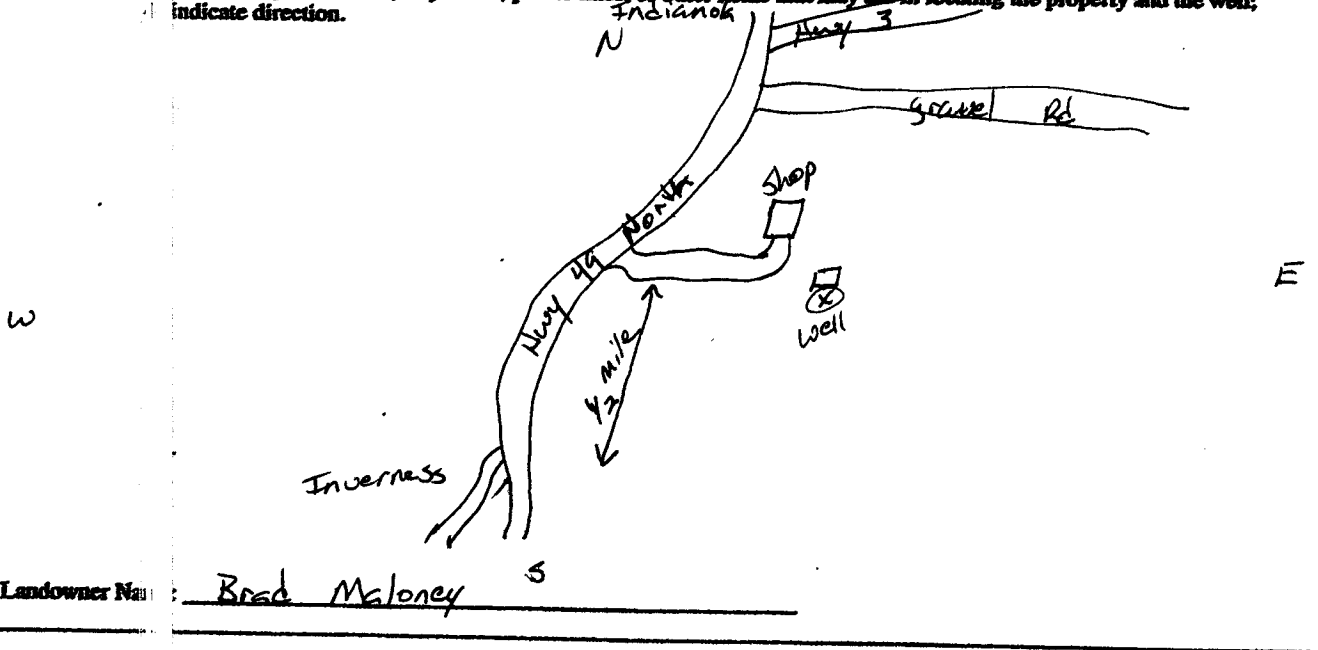
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Description of Formations Encountered	From	To
Clay	0	20
sand	20	60
sand + gravel	60	138
sand + clay	138	320
med sand	320	340
Fine sand	340	360
clay + sand	360	400
Clay	400	450
clay + shell	450	640
course sand	640	700

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; indicate direction.



Landowner Name: Brad Maloney

Charles M. Nichols
Signature: Water Well Contractor

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STATE WELL RETURN

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 #: J-123

Elevation: 9181

County: Sunflower
 Permit #: _____
 Driller: Charles M. Nichols
 Date completed: 1-4-06

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>Brad Maloney</u>	Latitude: <u>33° 22' 35" N</u> Longitude: <u>90° 35' 10" W</u>
Mailing Address: <u>Catfish Express</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Inverness MS 38753</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 35 Twn 17N Rng 4W</u>
Telephone No. _____	NW Distance Direction Nearest Town
	<u>1/2 Miles North of Inverness</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>1-3-06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>43</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 0-667 Charles M. Nichols
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JAN 11 2006
 BY: OLWR