

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 #: 5-97
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: GW-40806
Driller: Charles M. Nichols
Date drilling completed: 12-12-05

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>Dillard & Co. Inc</u>	Latitude:	<u>33° 19' 14" N</u> Longitude: <u>90° 45' 29" W</u>
Mailing Address:	<u>2110 Jubbett Rd</u>	Method of Lat/Long (circle one):	Conventional Survey
	<u>Shiland MS 38756</u>	USGS quad:	<u>Hand-held GPS</u> Survey-grade GPS
City:	<u>Shiland</u>	State:	<u>MS</u>
Zip Code:	<u>38756</u>	USGS quad:	<u>SW 1/4 SW 1/4 Sec 18 Twn 17N Rng 5W</u>
Telephone No.:	<u> </u>	Distance:	<u>8</u> Miles
		Direction:	<u>NE</u> of
		Nearest Town:	<u>Arco</u>

Well Data	
Purpose of Well (circle one):	Home Industrial Public Supply Irrigation <u>Fish Culture</u> Other: <u>Replacement</u>
Date well drilling started:	<u>12-12-05</u> Date well drilling completed: <u>12-12-05</u>
If flowing, method of flow regulation:	Valve _____ Other (describe) _____
Static Water Level:	<u>26</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>12-12-05</u>
Method of Measurement (circle one):	<u>steel tape</u> electric tape air line other: _____
Hole depth:	<u>120</u> Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one):	<u>Cement</u> Bentonite <u>Mix</u>
Casing length:	<u>80</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>pvc</u>
Screen length:	<u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>pvc</u>
Screen slot size:	<u>1.035</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet
Type of completion (circle all applicable):	<u>Gravel packed</u> 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):	<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 0-0667 Charles M. Nichols
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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JAN 11 2006
BY: CLWR

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 40806
 Driller: Charles M. Nichols
 Date completed: 12-15-05

For Office Use Only:
 Aquifer: _____
 Well #: 5-97
 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>Dillard & Co. Inc</u>		Latitude: <u>33° 19' 19 N</u>	Longitude: <u>090° 45' 29 W</u>
Mailing Address: <u>2110 Trillett Rd</u>		Method of Lat/Long (circle one): Conventional Survey,	
		USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	
<u>Leland MS 38701</u>		<u>SW 1/4 SW 1/4 Sec. 18</u>	Twn <u>17 N</u> Rng <u>5 W</u>
City State Zip Code		Distance	Direction Nearest Town
Telephone No. _____		<u>8</u> Miles	<u>NE</u> of <u>Arcola</u>

Air Lift	Pump Type Circle one	Power Type Circle one		
	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>30</u>		
Date Pump Installed: <u>12-15-05</u>		Setting Depth: <u>70</u> feet		
Rated Pump Capacity: <u>1700</u> Gallons Per Minute		Number of Stages: <u>1</u>		

Date Well Tested: _____	Pump Test Data	Method of Measuring Water Level Circle one		
	Static Water Level (A): <u>26</u> Feet Below Land Surface	Air Line	Electric Measuring Line	Steel Tape
Pumping Water Level (B): _____ Feet Below Land Surface		Other (specify): _____		
Drawdown [(B)-A]: _____ Feet Below Land Surface		For flowing well, measured shut in head: _____ feet		
Test Pumping Rate: _____ Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping		
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 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 JAN 11 2006
 BY: OLWR