

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 #: A-181
 L. S. Elevation: _____
 E-log #: _____

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 8-10-05

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>Linda Williamson</u>	Latitude: <u>33° 28' 23" N</u>	Longitude: <u>091° 03' 17" W</u>	
Mailing Address: <u>1417 TRAILWOOD DR.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>		
<u>Greenville MS 38701</u>	USGS quad, <u>NW 1/4 Sec 29 Twn 19 N Rng 8 W</u>		
City State Zip Code	Distance: <u>2</u> Miles	Direction: <u>North</u> of	Nearest Town: <u>Greenville MS.</u>
Telephone No.: _____			

Well Data

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

Date well drilling started: 8-9-05 Date well drilling completed: 8-10-05

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

Static Water Level: 64 feet above or below (circle one) land surface Date measured: 8-10-05

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

Hole depth: 520 Well depth: 520 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 500 feet Casing diameter: 4 1/2 inches Type of casing: pvc

Screen length: 20 feet Screen diameter: 2 inches Type of screen: pvc

Screen slot size: 1008 inches Setting depth: From 500 feet to 520 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe reduction in casing: 150 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: _____

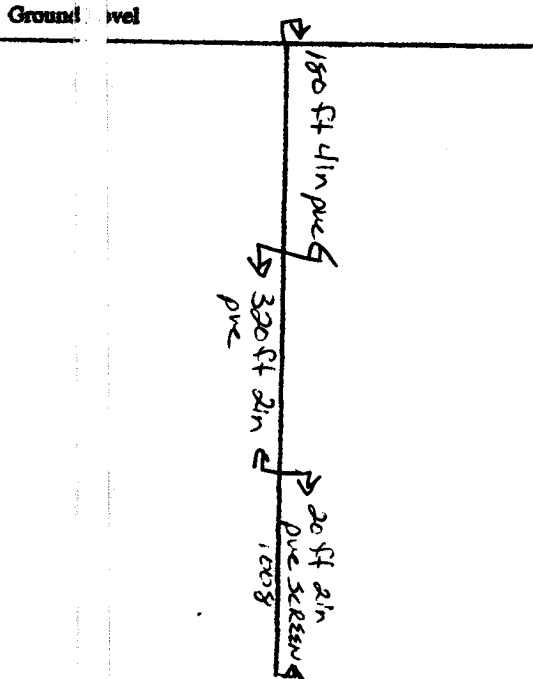
Name of organization running log(s): _____

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 Charles M. Nichols
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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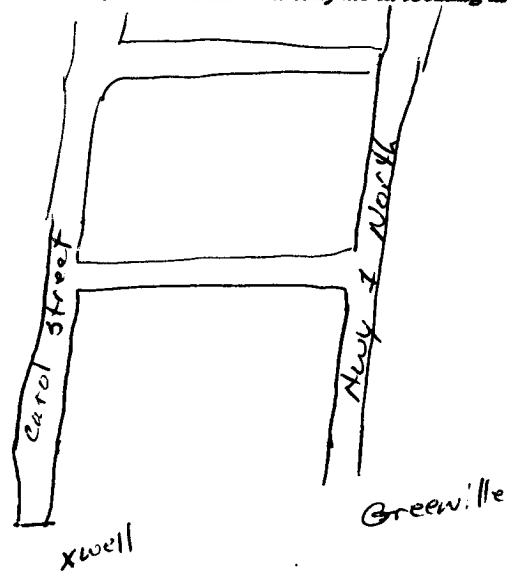
A181



Description of Formations Encountered	From	To
Clay	0	20
sandy clay	20	60
sandy + little sp-gravel	60	105
Clay	105	322
sandy shell	322	380
fine sand	380	460
fine to med sand	460	480
course sand	480	520

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: _____

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 #: A181
 Elevation: _____

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date completed: 8-10-05

This report should 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>Linda Williamson</u>	Latitude: <u>33°28'23N</u>	Longitude: <u>091°03'17W</u>	
Mailing Address: <u>1417 Inalwood Dr.</u>	Method of Lat/Long (circle one): Conventional Survey,		
<u>Lumberville MS 38701</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
City State Zip Code	<u>SW 1/4 NW 1/4 Sec. 29 Twn 19N Rng 8W</u>		
Telephone No. _____	Distance	Direction	Nearest Town
	<u>2 Miles</u>	<u>North of</u>	<u>Greenville MS</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): _____	Date Pump Installed: <u>8-12-05</u>		Horse Power Rating of Motor: <u>1</u>		
Rated Pump Capacity: <u>20</u> Gallons Per Minute			Sealing Depth: <u>100</u> feet		
			Number of Stages: <u>2</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____	Static Water Level (A): _____ Feet Below Land Surface	Air Line	Electric Measuring Line
Pumping Water Level (B): _____ Feet Below Land Surface	Drawdown [(B)-(A)]: _____ Feet Below Land Surface	Steel Tape	
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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