

# 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-186  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Washington  
Permit #: \_\_\_\_\_  
Driller: Charles M. Nichols  
Date drilling completed: 7-31-06

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.

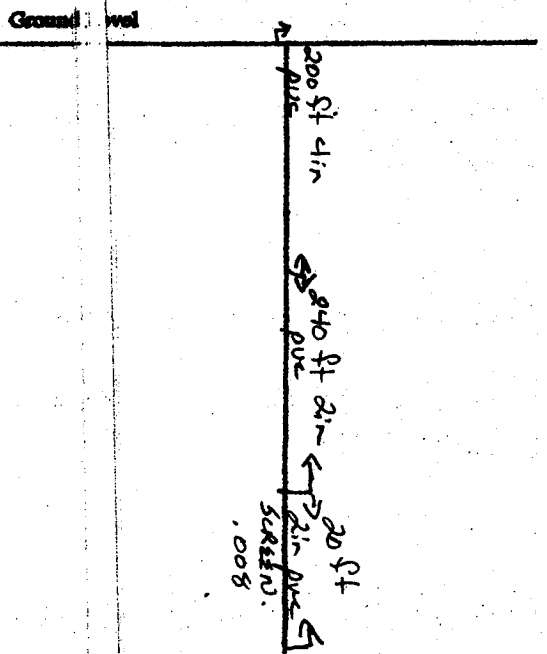
Well Owner Information		Well Location	
Owner Name: <u>William Luffin</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>3044 Broadway St.</u>	NE ¼ SE ¼ Sec 28 Twn 19N Rng 8W		
<u>Greenville MS 38703</u>	Distance: <u>1</u> Miles	Direction: <u>North</u>	Nearest Town: <u>Greenville</u>
City: _____ State: _____ Zip Code: _____			
Telephone No.: _____			
Well Data			
Purpose of Well (circle one): <u>Home</u>	Industrial	Public Supply	Irrigation Fish Culture Other: _____
Date well drilling started: <u>7-31-06</u>	Date well drilling completed: <u>8-01-06</u>		
If flowing, method of flow regulation: Valve _____	Other (describe): _____		
Static Water Level: <u>63</u> feet above or below (circle one) land surface	Date measured: <u>8-01-06</u>		
Method of Measurement (circle one): <u>steel tape</u>	electric tape	air line	other: _____
Hole depth: <u>460</u>	Well depth: <u>46</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u> Bentonite </u> Mix			
Casing length: <u>440</u> feet	Casing diameter: <u>4x2</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>20</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>440</u> feet to <u>460</u> feet		
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u> Natural Development </u>	Other (describe): _____		
Top of last 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.			
<u>Charles M. Nichols</u> 0-0667	<u>Charles M. Nichols</u>		
Print Name of Well Contractor and License No.	Signature of Water Well Contractor		

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BY: OLWR

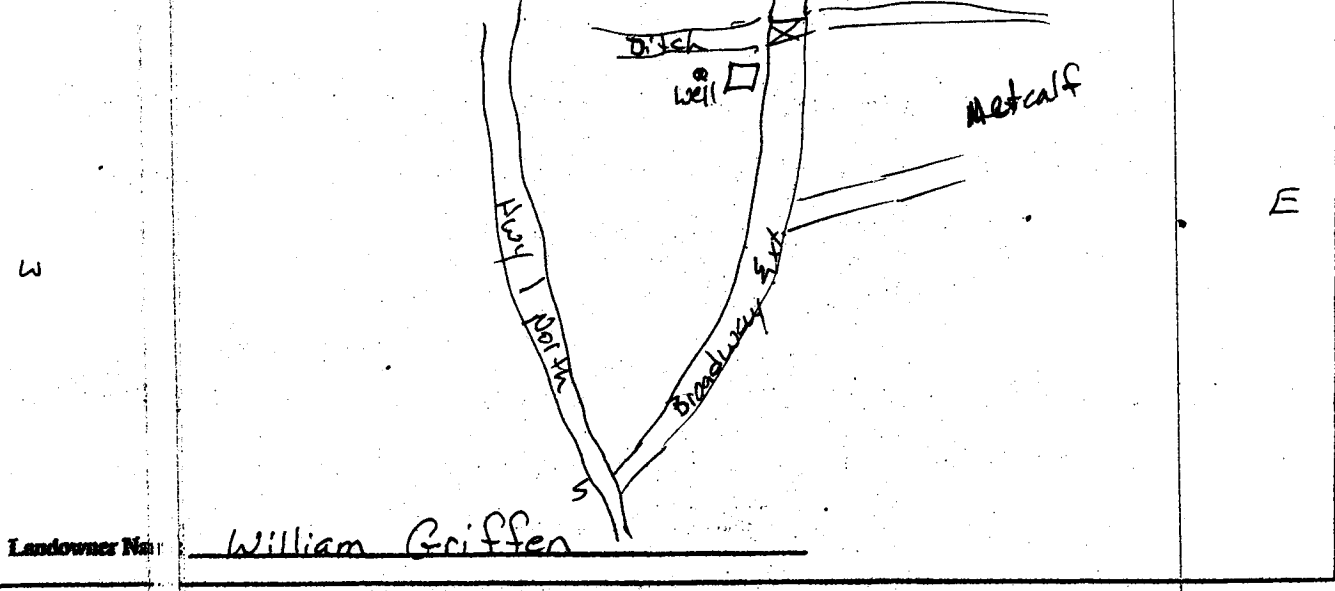
A-186



Description of Formations Encountered	From	To
Clay	0	20
med sand	20	40
Course sand + p-gravel	40	86
Clay	86	220
clay + shell	220	340
Fine to med sand	340	420
Course sand	420	460

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: William Griffen

Signature: Charles M. Nichols  
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 #: A-186  
 Elevation: \_\_\_\_\_

County: Washington  
 Permit #: \_\_\_\_\_  
 Driller: Charles M. Nichols  
 Date completed: 8-01-06

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>William Griffin</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>3044 Broadway East</u>	Method of Lat/Long (circle one): Conventional Survey,		
<u>Greenville MS 38703</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 28 Twn 19N Rng 8W</u>		
Telephone No. _____	Distance	Direction	Nearest Town
	<u>1</u> Miles	<u>North of</u>	<u>Greenville</u>

	Pump Type Circle one		Power Type Circle one		
	Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____	Date Pump Installed: <u>8-01-06</u>		Horse Power Rating of Motor: <u>1</u>		
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Setting Depth: <u>120</u> feet		Number of Stages: <u>8</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____	Static Water Level (A): <u>63</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	Other (specify): _____	Steel Tape
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	For flowing well, measured static 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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