

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-187
L. S. Elevation: _____
B-log #: _____

County: Washington
Permit #: _____
Driller: Charles M. Nichols
Date drilling completed: 8-13-06

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>Michael Courtney</u>	Latitude: _____ Longitude: _____	Mailing Address: <u>1197 Metcalfe Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Greenville MS 38703</u>	USGS quad, Hand-held GPS, Survey-grade GPS	City: _____ State: _____ Zip Code: _____	<u>SW 1/4 NW 1/4 Sec 34 Twn 19N Rng 8W</u>
Telephone No.: _____	Distance: <u>1/2</u> Miles	Direction: <u>West</u>	Nearest Town: <u>Metcalfe</u>

Well Data

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

Date well drilling started: 8-11-06 Date well drilling completed: 8-12-06

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

Static Water Level: 63 feet above or below (circle one) land surface Date measured: 8-13-06

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

Hole depth: 460 Well depth: 450 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 430 feet Casing diameter: 4.2 inches Type of casing: pvc

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

Screen slot size: 1.008 inches Setting depth: From 430 feet to 450 feet

Type of completion (circle all applicable): Gravel packed 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): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

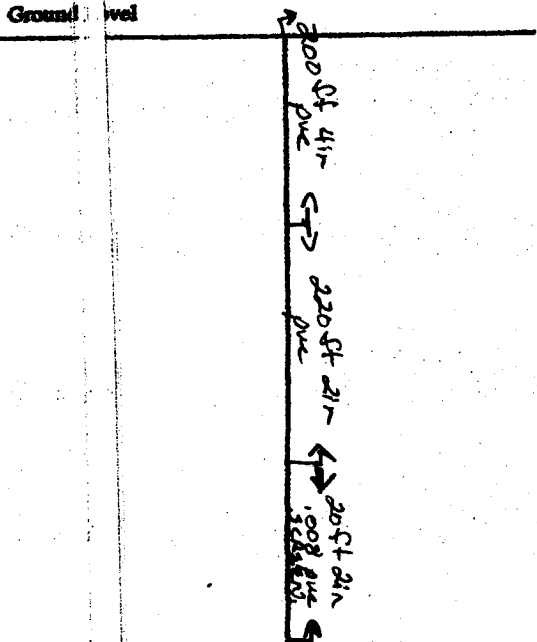
Name of organization running log(s): _____

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 Well Contractor and License No. Signature of Water Well Contractor

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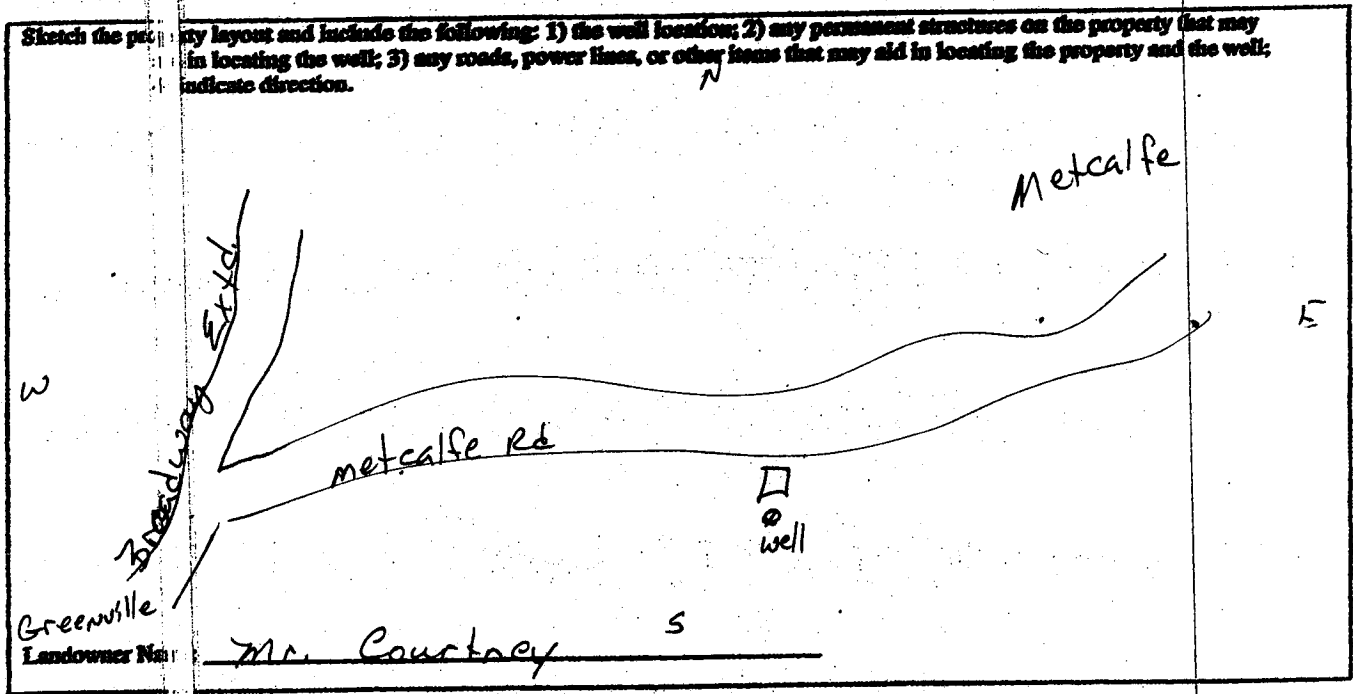
A-187



Description of Formations Encountered	From	To
clay	0	15
sand & gravel	15	90
clay	90	300
clay shell	300	360
fine sand	360	380
med sand	380	400
med to coarse sand	400	420
coarse sand	420	455
clay	455	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.



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 #: A-187
 Elevation: _____

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date completed: 8-14-06

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>Michael Courtney</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>1197 Metcalfe Rd</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>SW 1/4 NW 1/4 Sec 34 Twn 19N Rng 8W</u>		
Telephone No. _____	Distance	Direction	Nearest Town
	<u>1/2 Miles West of Metcalfe</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>8-14-06</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>2</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	<u>Steel Tape</u>	
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	Other (specify): _____	
		For flowing well, measured static 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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