

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)

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 2-28-07

For Office Use Only:

Aquifer: _____
 Well #: A-189
 L. S. Elevation: _____
 E-log #: _____

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>Meadow Wood Well Serv.</u>	Latitude: <u>33° 27' 48" N</u> Longitude: <u>091° 02' 51" W</u>
Mailing Address: <u>#4 Meadow Wood Dr.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Greenville MS 38703</u>	<input checked="" type="radio"/> USGS quad, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>29</u> Twn <u>9N</u> Rng <u>8W</u>
Telephone No: _____	Distance Direction Nearest Town <u>1</u> Miles <u>North</u> of <u>Greenville</u>

Well Data

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

Date well drilling started: 2-26-07 Date well drilling completed: 2-28-07

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

Static Water Level: 57 feet above or below (circle one) land surface Date measured: 2-28-07

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

Hole depth: 510 Well depth: 500 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 570 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 30 feet Screen diameter: 3 inches Type of screen: pvc

Screen slot size: .008 inches Setting depth: From 470 feet to 500 feet

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

Other (describe): _____

Top of lap pipe reduction in casing: 240 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 Driller Well Contractor and License No. 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)961-3210
 (601)354-6938 (fax)

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date completed: 3-1-07

For Office Use Only:
 Aquifer: _____
 Well #: A-189
 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>Meadow Wood Wellbros.</u>	Latitude: <u>33°27'48N</u>	Longitude: <u>091°02'51W</u>	
Mailing Address: <u>#4 Meadow Wood Dr.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Greenville MS 38701</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
City State Zip Code	<u>1/4</u>	<u>1/4</u> Sec <u>29</u>	Twn <u>19N</u> Rng <u>8W</u>
Telephone No. _____	Distance	Direction	Nearest Town
	<u>1</u> Miles	<u>N</u>	of <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): _____			Horse Power Rating of Motor: <u>3 HP.</u>		
Date Pump Installed: <u>3-1-07</u>			Setting Depth: <u>180</u> feet		
Rated Pump Capacity: <u>60</u> Gallons Per Minute			Number of Stages: _____		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____		Air Line	Electric Measuring Line
Static Water Level (A): <u>57</u> Feet Below Land Surface		<u>Steel Tape</u>	
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 0-0667 Charles M. Nichols
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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