

# 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-192  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Washington  
Permit #: \_\_\_\_\_  
Driller: Charles M. Nichols  
Date drilling completed: 3-27-07

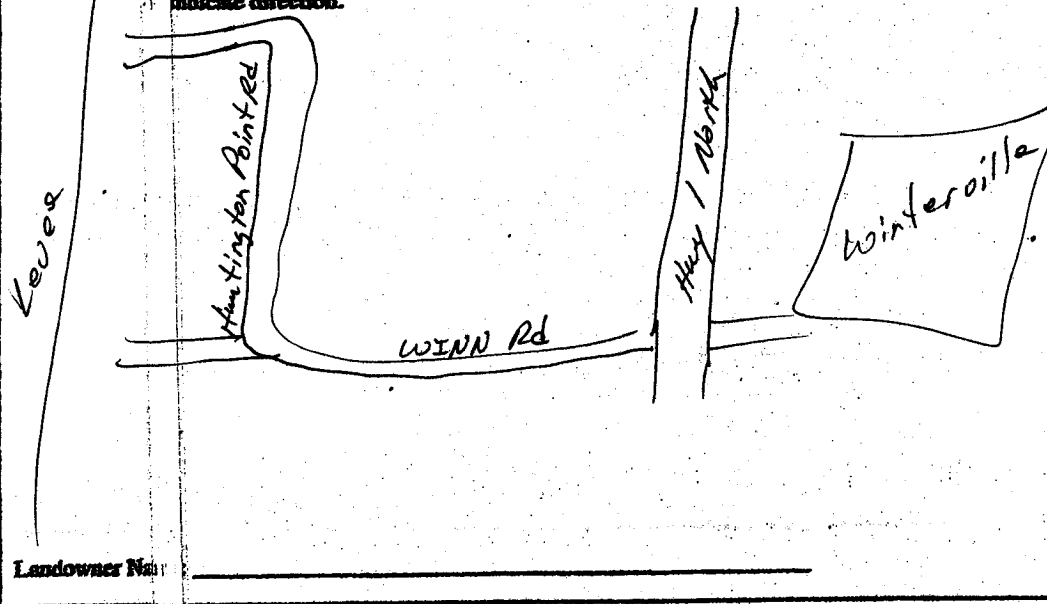
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>CASPEAR INC</u>	Latitude: <u>33.31.37N</u> Longitude: <u>91.07.45W</u>		
Mailing Address: <u>P.O. Box 4938</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Greenville MS 38704-4938</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
City: _____ State: _____ Zip Code: _____	<u>N 1/4 NE 1/4 Sec. 30 Twn 19N Rng 9W</u>		
Telephone No: _____	Distance: <u>4</u> Miles Direction: <u>NW</u> Nearest Town: <u>Winterville</u>		
Well Data			
Purpose of Well (circle one): <u>Home</u> <u>Industrial</u> <u>Public Supply</u> <u>Irrigation</u> <u>Fish Culture</u> Other: _____			
Date well drilling started: <u>3-27-07</u>	Date well drilling completed: <u>3-27-07</u>		
If flowing, method of flow regulation: <u>Valve</u> Other (describe): _____			
Static Water Level: <u>10</u> feet above or below (circle one) land surface Date measured: <u>3-30-07</u>			
Method of Measurement (circle one): <u>steel tape</u> <u>electric tape</u> <u>air line</u> other: _____			
Hole depth: <u>92</u> Well depth: <u>92</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <u>Cement</u> <u>Bentonite</u> <u>Mix</u>			
Casing length: <u>72</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>pvc</u>			
Screen length: <u>20</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>pvc</u>			
Screen slot size: <u>0.032</u> inches Setting depth: From <u>72</u> feet to <u>92</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> <u>Underreamed</u> <u>Telescoped</u> <u>Open hole</u> <u>Natural Development</u>			
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> <u>Electric</u> <u>Gamma Ray</u> <u>Density</u> <u>Sonic</u> <u>Neutron</u> 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.			
Print Name of Well Contractor and License No. <u>Charles M. Nichols 0-0667</u>	Signature of Water Well Contractor <u>Charles M. Nichols</u>		

## Ground level

**If more than one screen, show location of cash on stick**

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property (that may be 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. Tucker*  
Signature: Water Well Contractor

# 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: Washington  
Permit #: \_\_\_\_\_  
Driller: Charles M. Nichols  
Date completed: 3-30-07

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: A-192  
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>CASPEAR INC</u>	Latitude: <u>33°31'37N</u>	Longitude: <u>091°07'45W</u>
Mailing Address:	<u>P.O. Box 4938</u> <u>Greenville MS 38704-4938</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	
City	State Zip Code	NE 1/4 NE 1/4 Sec <u>30</u> Twn <u>19N</u> Rng <u>9W</u>	
Telephone No.:		Distance	Direction Nearest Town
		<u>4</u> Miles	<u>NW</u> of <u>Winterville</u>

Pump Type Circle one		Power Type Circle one	
Air Lift	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>15 HP.</u>
Date Pump Installed:	<u>3-30-07</u>	Setting Depth:	<u>60</u> feet
Rated Pump Capacity:	<u>800</u> Gallons Per Minute	Number of Stages:	<u>1</u>

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested:		Air Line	Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A):	<u>10</u> Feet Below Land Surface	Other (specify): _____	
Pumping Water Level (B):	_____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet	
Drawdown [(B)-(A)]:	_____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
Test Pumping Rate:	_____ Gallons Per Minute		
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