

Final 8-3-09

County: Washington  
 Permit #: \_\_\_\_\_  
 Driller: Charles M. Nichols  
 Date drilling completed: 7-10-09

**State Well Report**  
**Part 1 - Driller's Log**  
 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 #: A220  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Phillip Buchanna</u>        Mailing Address: <u>19 Meadows Wood Dr.</u>  <u>Greenville MS 38703</u>        City State Zip Code        Telephone No. <u>(662) 332-1442</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 27' 36" N</u> Longitude: <u>091° 02' 52" W</u>        Method of Lat/Long (circle one): <u>Conventional Survey</u>        USGS quad, <u>Hand-held GPS</u> Survey-grade GPS  <u>NW 1/4 NE 1/4 Sec 32 Twn 19N Rng 8W</u>        Distance Direction Nearest Town  <u>2 1/2 Miles North of Greenville</u></p>
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**Well / Borehole Data**

Date drilling started: 7-7-09 Date drilling completed: 7-10-09 Hole depth: 660 Hole diameter: 7 7/8 x 5 5/8

Location of the source of any surface water used for drilling: City of Metcalfe  
 Method of dosing and volume of Chlorine used in drilling and development: HTH

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump   
 Seismic Survey  Other (describe) \_\_\_\_\_  
*If drilling is not related to water well construction, strike the remainder of this block*

Purpose of Well (check one): Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 55 feet above or below (circle one) land surface Date measured: 7-13-09

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

Well depth: 640 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix grout

Casing length: 610 feet Casing diameter: 4 X 2 inches Type of casing: pvc

Screen length: 30 feet Screen diameter: 2 inches Type of screen: pvc

Screen slot size: 0.008 inches Setting depth: From 610 feet to 640 feet

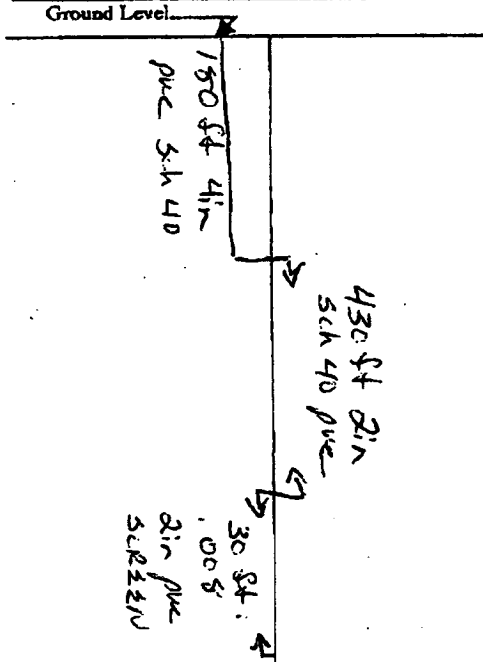
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 180 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

The sketch below only required for water wells

If well telescopes, show depths on sketch



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground Level	10
Sand	10	80
Sand + p-gravel	80	115
clay with sand streaks	115	330
sand	330	358
sandy shale	358	440
fine to med sand	440	540
fine sand	540	600
Course sand	600	640
med to fine sand	640	660

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; 4) a north arrow.

Landowner Name: Phillip Buchanan

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Charles M. Nichols 0-0667 7-29-09 Charles M. Nichols  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

# 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: 7-29-09  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: A 220  
Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Phillip Buchanan</u>	Latitude: <u>33° 27.369' N</u> Longitude: <u>091° 02.874' W</u>
Mailing Address: <u>19 Meadow Wood DR.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Greenville MS 38701</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 32 T 19N R 8W</u>
Telephone No. <u>(662) 332-1442</u>	Distance Direction Nearest Town <u>2 1/2 Miles North of Greenville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 Hp.</u>
Date Pump Installed: <u>7-10-09</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>55</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>14</u> 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

Form: OLWR-SWR-1B