

Final 1-27-12

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 10-6-11

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 #: A255
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Billy Adams</u>	Latitude: <u>33°28.7150</u> Longitude: <u>91°03:592W</u>
Mailing Address: <u>2291 Hwy 1 North</u>	Method of Lat/Long (circle one): <u>46</u> Conventional Survey, <u>35</u>
<u>Greenville MS. 38703</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 19 Twp 19N Rng 8W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3 1/2 Miles North of Greenville</u>

Well / Borehole Data

Date drilling started: 10-4-11 Date drilling completed: 10-6-11 Hole depth: 490 Hole diameter: 7 7/8 X 5 5/8

Location of the source of any surface water used for drilling: Well
 Method of dosing and volume of Chlorine used in drilling and development: H7H

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, skip 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: 63 feet above or below (circle one) land surface Date measured: 10-6-11

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

Well depth: 480 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 450 feet Casing diameter: 4X2 inches Type of casing: pvc

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

Screen slot size: .008 inches Setting depth: From 450 feet to 480 feet

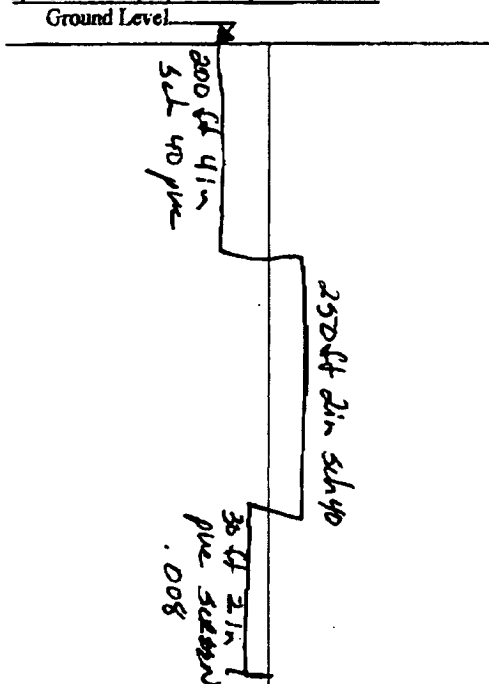
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: 200 feet. *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

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

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	40
sand	40	60
Course sand + p-gravel	60	108
Clay	108	407
med sand	407	440
med to coarse sand	440	490
Clay	490	

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: Billy Adams

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 3-3-12
Print Name of Responsible Licensee and License No. Date

Charles M. Nichols
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: 10-6-11
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: A255
 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>Billy Adams</u>	Latitude: <u>33°28.775N</u> Longitude: <u>91°03.592W</u>
Mailing Address: <u>2251 Hwy 1 North</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenville MS. 38703</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 19 T19N R 8W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>3 1/2 Miles North of Greenville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>1.5</u>
Date Pump Installed: <u>10-6-11</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>63</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. Schultz
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer