

Wednesday, July 27, 2005 1:00 PM

Bill Schultz 662.335.5777

p.01

County: Washington  
 Permit #: \_\_\_\_\_  
 Driller: Charles M. Nichols  
 Date drilling completed: 6-30-05

**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)254-6938 (fax)

*For Office Use Only:*  
 Aquifer: \_\_\_\_\_  
 Well #: B119  
 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>David Redwood</u>	Latitude: <u>33° 28' 16" N</u> Longitude: <u>90° 37' 21" W</u>
Mailing Address: <u>328 Ranch Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Osceola</u> <u>MS</u> <u>38725</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>N 014 NE 1 Sec 29 Twn 19N Rng 7W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>3</u> Miles <u>NW</u> of <u>Osceola</u>

**Well Data**

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

Date well drilling started: 6-30-05 Date well drilling completed: 6-30-05

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 6-30-05

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

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Portland Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 33 inches Setting depth: From 70 feet to 110 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: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Sonic Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the 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 0-2667 Charles M. Nichols  
 Print Name of Water Well Contractor and License No. Signature of 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)961-6210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: B119

Elevation: \_\_\_\_\_

County: Washington

Permit #: \_\_\_\_\_

Driller: Charles M. Nichols

Date completed: 7-14-05

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

Owner Name: David Redwood

Mailing Address: 328 - Raven Rd

Benoit MS 38725  
 City State Zip Code

Telephone No. ( ) \_\_\_\_\_

#### Well Location

Latitude: 33° 28' 4" Longitude: 90° 53' 27"

Method of Lat/Long (circle one): Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

NE 11 NG 14 Sec 09 Twn 19 N Rng 7 W

Distance Direction Nearest Town

3 miles NW of Belair

#### Pump Type Circle one

Air Lift  Jet  Submersible   
 Bucket  Piston  Turbine   
 Centrifugal  Rotary  Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 7-14-05

Rated Pump Capacity: 2500 Gallons Per Minute

#### Power Type Circle one

Diesel Engine  Gasoline Engine  Natural Gas   
 Electric Motor  Hand  Tractor PTO   
 Windmill  Other (specify): NA

Horse Power Rating of Motor: 60

Setting Depth: 60 feet

Number of Stages: 2

#### Pump Test Data

Date Well Tested: \_\_\_\_\_

Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface

Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown (B) - (A): \_\_\_\_\_ Feet Below Land Surface

Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute

Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

#### Method of Measuring Water Level Circle one

Air Line  Electric Measuring Line  Steel Tape

Other (specify): \_\_\_\_\_

For flowing well, measured static head: \_\_\_\_\_ feet

Well yielded NA 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  
 Print Name of Pump Installer and License No. (if applicable)

Charles M. Nichols  
 Signature of Pump Installer

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