

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 #: C-97
L. S. Elevation: _____
E-log #: _____

County: Washington
Permit #: _____
Driller: Charles M. Nichols
Date drilling completed: 8-5-05

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>Terrell Kishreck</u>	Latitude: <u>33° 27' 24" N</u> Longitude: <u>090° 48' 57" W</u>
Mailing Address: <u>1969 Wiley Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Summit MS 38703</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NE 1/4 Sec 33 Twn 19N Rng 6W</u>
Telephone No.: _____	Distance: <u>6</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Leland MS</u>

Well Data

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

Date well drilling started: 8-4-05 Date well drilling completed: 8-5-05

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

Static Water Level: 29 FT feet above (circle one) land surface Date measured: 8-5-05

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

Hole depth: 460 Well depth: 460 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 430 feet Casing diameter: 4x2 inches Type of casing: PVC

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

Screen slot size: 1008 inches Setting depth: From 430 feet to 460 feet

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

Other (describe): _____

Top of lap pipe reduction in casing: 150 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: _____

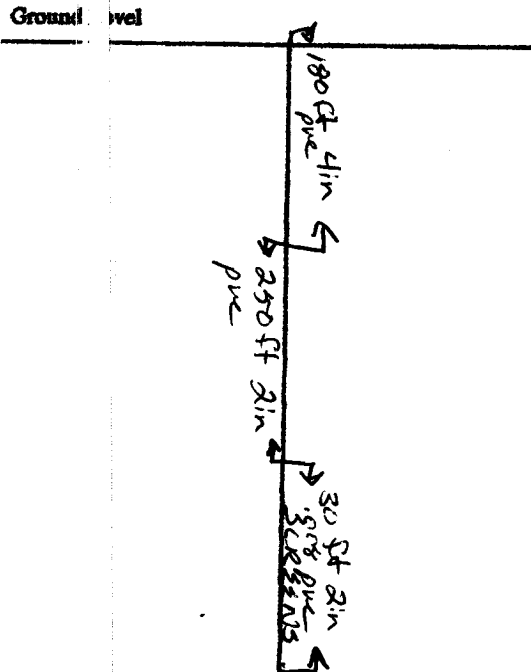
Name of organization running log(s): _____

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 Water Well Contractor and License No. Signature of Water Well Contractor

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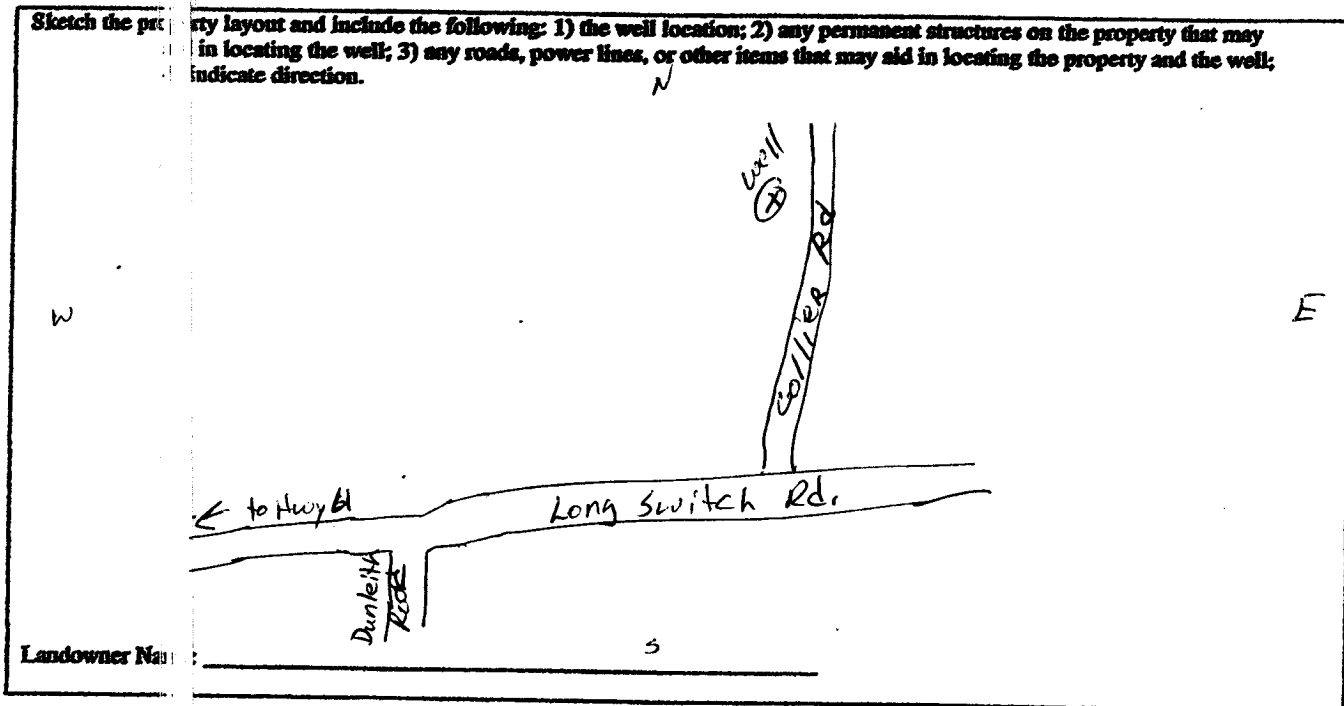
097



Description of Formations Encountered	From	To
clay	0	20
sand	20	60
course sand, p-gravel + gravel	60	182
clay	182	320
med. sand	320	400
COURSE SAND	400	460

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; indicate direction.



Landowner Name: _____

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Charles M. Nichols
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)

For Office Use Only:

Aquifer: _____
 Well #: C97
 Elevation: _____

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date completed: 8-5-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the pump installation.

Well Owner Information
 Owner Name: Jerrill Lushurst
 Mailing Address: 1969 Wiley Rd
Sumville MS 38708
 City State Zip Code
 Telephone No.: _____

Well Location
 Latitude: 33° 27' 24" N Longitude: 090° 48' 57" W
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS Survey-grade GPS
NE 1/4 NE 1/4 Sec 33 Twn 14N Rng 6W
 Distance Direction Nearest Town
6 Miles NE of Leland MS.

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 8-10-05
 Rated Pump Capacity: 25 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 2 Hp.
 Setting Depth: 100 feet
 Number of Stages: _____

Pump Test Data
 Date Well Tested: _____
 Static Water Level (S): 29 Feet Below Land Surface
 Pumping Water Level (P): _____ Feet Below Land Surface
 Drawdown (D): _____ 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 shut in head: _____ feet
 Well yielded _____ 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 0-0667 Charles M. Nichols
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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