

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)

County: Washington
Permit #: GW-1
Driller: Charles M. Nichols
Date drilling completed: 6-9-11

For Office Use Only:

Aquifer: _____
Well #: D-254
L. S. Elevation: 123
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Warren Hammett</u>	Latitude: <u>33° 25' 50"</u> Longitude: <u>90° 59' 53"</u>
Mailing Address: <u>P.O. box 4766</u>	Method of Lat/Long (circle one): <u>35</u> Conventional <u>59</u> Survey, <u>36</u>
<u>Greenville</u> <u>ms</u> <u>38704</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 13</u> Twn <u>18 N</u> Rng <u>8 W</u>
Telephone No. () _____	Distance <u>1 1/2</u> Miles Direction <u>SE</u> of Nearest Town <u>metcalfe</u>
Well / Borehole Data	
Date drilling started: <u>6-9-11</u> Date drilling completed: <u>6-9-11</u> Hole depth: <u>105 ft</u> Hole diameter: <u>26 in</u>	
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>14</u> feet above or below (circle one) land surface Date measured: <u>6-13-11</u>	
Method of Measurement (circle one) <input type="checkbox"/> steel tape <input checked="" type="checkbox"/> electric tape <input type="checkbox"/> air line other: _____	
Well depth: <u>105</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>65</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.035</u> inches Setting depth: From <u>65</u> feet to <u>105</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on next page	

The sketch below only required for water wells

If well telescopes, show depths on sketch.

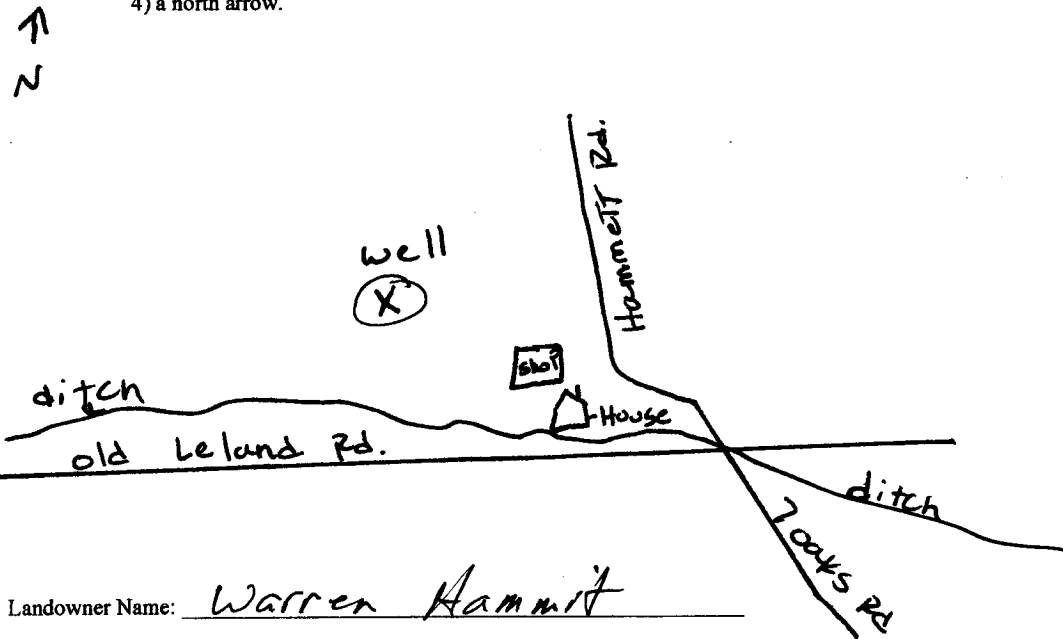


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	14
Fine sand	14	28
Sand + P-gravel	28	30
med. sand	30	40
med to C-sand	40	50
C-sand	50	70
CS to med. sand	70	80
CS Little P-gravel	80	90
Pg + gravel	90	100
Clay	100	105

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.



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
 Print Name of Responsible Licensee and License No.

6-16-11
 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 #: GW-6
 Driller: Charles M. Nichols
 Date completed: 6-13-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D254
 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.

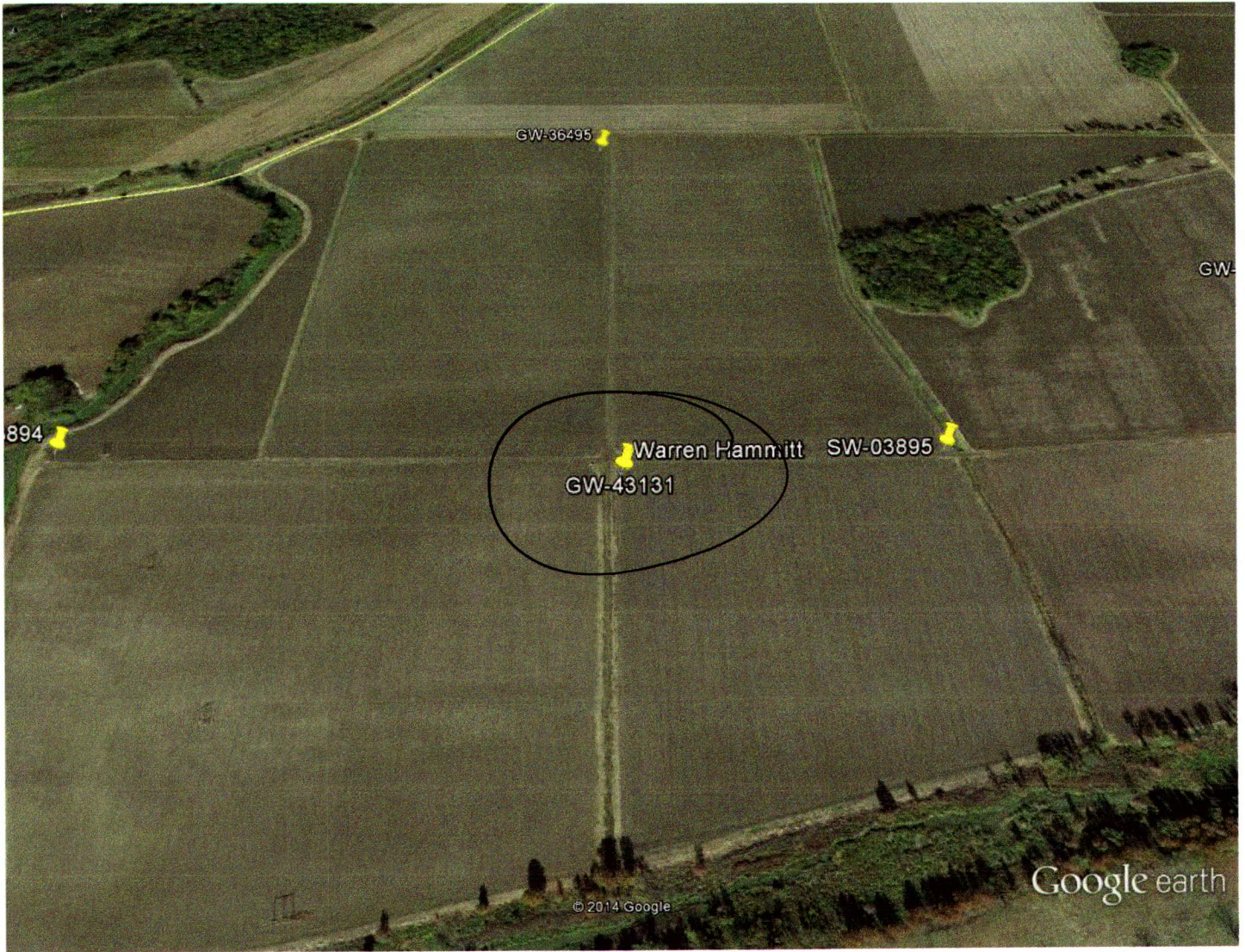
Well Owner Information	Well Location
Owner Name: <u>Warren Hammett</u>	Latitude: <u>33°25'580</u> Longitude: <u>90°59'593</u>
Mailing Address: <u>P.O. box 4766</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> ³⁵ <input checked="" type="checkbox"/> ^{59 36}
<u>Greenville</u> <u>ms</u> <u>38704</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4, NE 1/4 Sec 13 T18N R8W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1 1/2</u> Miles <u>SE</u> of <u>metcalfe</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>6-13-11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2 X 12</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>14</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



Google earth



GW-43131

map does not match lat/long

RECEIVED

APR 21 2014

BY: OLWR