

# STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

For Office Use Only:

Well #: D260

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

E-Log #: \_\_\_\_\_

County: Washington

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

Driller: Charles M. Nichols

Date drilling completed: 4-24-17

*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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Washington County Sports Complex</u>	Latitude: <u>33°28'5.93" N</u> Longitude: <u>91°0'12.46" W</u>
Mailing Address: <u>1040 South Raceway Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Greenville</u> City <u>Ms.</u> State <u>38701</u> Zip Code	<u>NW 1/4 NW 1/4, Sec 28 T18N R8W</u>
Telephone No. (____) _____	____ Miles of _____ (Distance)                      (Direction)                      (Nearest Town)

**Well / Borehole Data**

Date drilling started: 4-21-17 Date drilling completed: 4-24-17 Hole depth: 500 Hole diameter: 7 7/8

Location of the source of any surface water used for drilling: fire hydrant

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM AT#

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

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

Purpose of borehole (circle 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 (circle all applicable): Home    Industrial    Public Supply     Irrigation     Fish Culture

Other (describe): \_\_\_\_\_

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

Static Water Level: ~~52.53~~ 53 feet [above or  below] land surface    Date measured: 4-25-17  
(circle one)

Method of measurement (circle one):  Steel tape     Electric tape     Air line    Other (describe): \_\_\_\_\_

Well depth: 475 Well grouted to a depth of: 20 feet    Type of grout (circle one): Neat Cement    Bentonite     Mix

Casing length: 435 feet    Casing diameter: 4x3 inches    Type of casing: steel galv.

Screen length: 40 feet    Screen diameter: 3 inches    Type of screen: steel stainless

Screen slot size: .008 inches    Setting depth: From 435 feet to 475 feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 247 feet

*If telescoped or more than one screen, describe on next page*

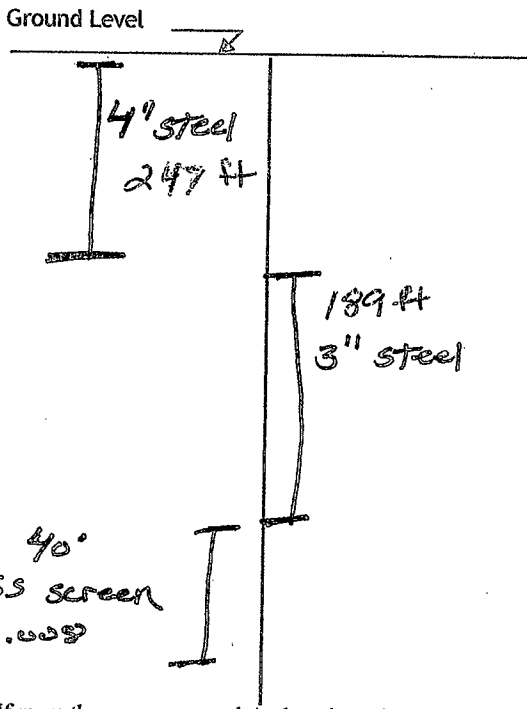
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**JAN 23 2018**  
**BY OLWR**

County: Washington  
 Permit #: \_\_\_\_\_

For Office Use Only:  
 Well #: D260

*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	40
Sand	40	60
CS + P-gravel	60	125
Clay	125	"
Clay <del>etc</del>	"	280
hard CS	280	320
med to fine sand	320	420
med sand	420	440
med to CS sand	440	475
Clay & Shale	475	520

If more than one screen, show location of each on sketch

Sketch the property layout and include the following:

- the well location
- any permanent structures on the property that may aid in locating the well
- any roads, power lines, or other items that may aid in locating the property and the well
- north arrow

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Landowner Name: \_\_\_\_\_

I HEREBY 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      0667      12-19-17      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 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**

Well #: D260

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

County: Washington  
 Permit #: \_\_\_\_\_  
 Driller: Charles M. Nichols  
 Date completed: 4-24-17  
Copy information from block on Part 1

*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>Washington County Sports Complex</u>	Latitude: <u>33° 23' 5.45" N</u> Longitude: <u>91° 0' 12.46" W</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>1040 South Raceway Road</u>	NW ¼ NW ¼, Sec <u>28</u> T <u>18 N</u> R <u>8 W</u>
<u>Greenolle</u> City <u>Ms.</u> State <u>38701</u> Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

**Pump Type (circle one)**

Submersible    Turbine    Air Lift    Centrifugal    Flowing Well    Jet    Piston    Rotary    Other (describe): \_\_\_\_\_

Date Pump Installed: 4-25-17      Rated Pump Capacity: 85 Gallons Per Minute

Is This Pump (circle one):  New    Repaired    Replacement

**Power Type (circle one)**

Electric    Diesel    Gasoline    Natural Gas    Tractor PTO    Windmill    Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 10      Setting Depth: 126 feet      Number of Stages: N/A

**Pump Test Data for Non Flowing Well**

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

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

Method of measurement (circle one): Steel tape    Electric tape    Air line    Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_      Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_      Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_      Meter installed by: \_\_\_\_\_

Is This Meter (circle one):    New    Repaired    Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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 BY OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge

Chaz Nichols      8221      12-19-17      \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)

1948  
JUNE

W 2 4 31 911 W 1. 1948

1948-1949  
1949-1950  
1950-1951  
1951-1952

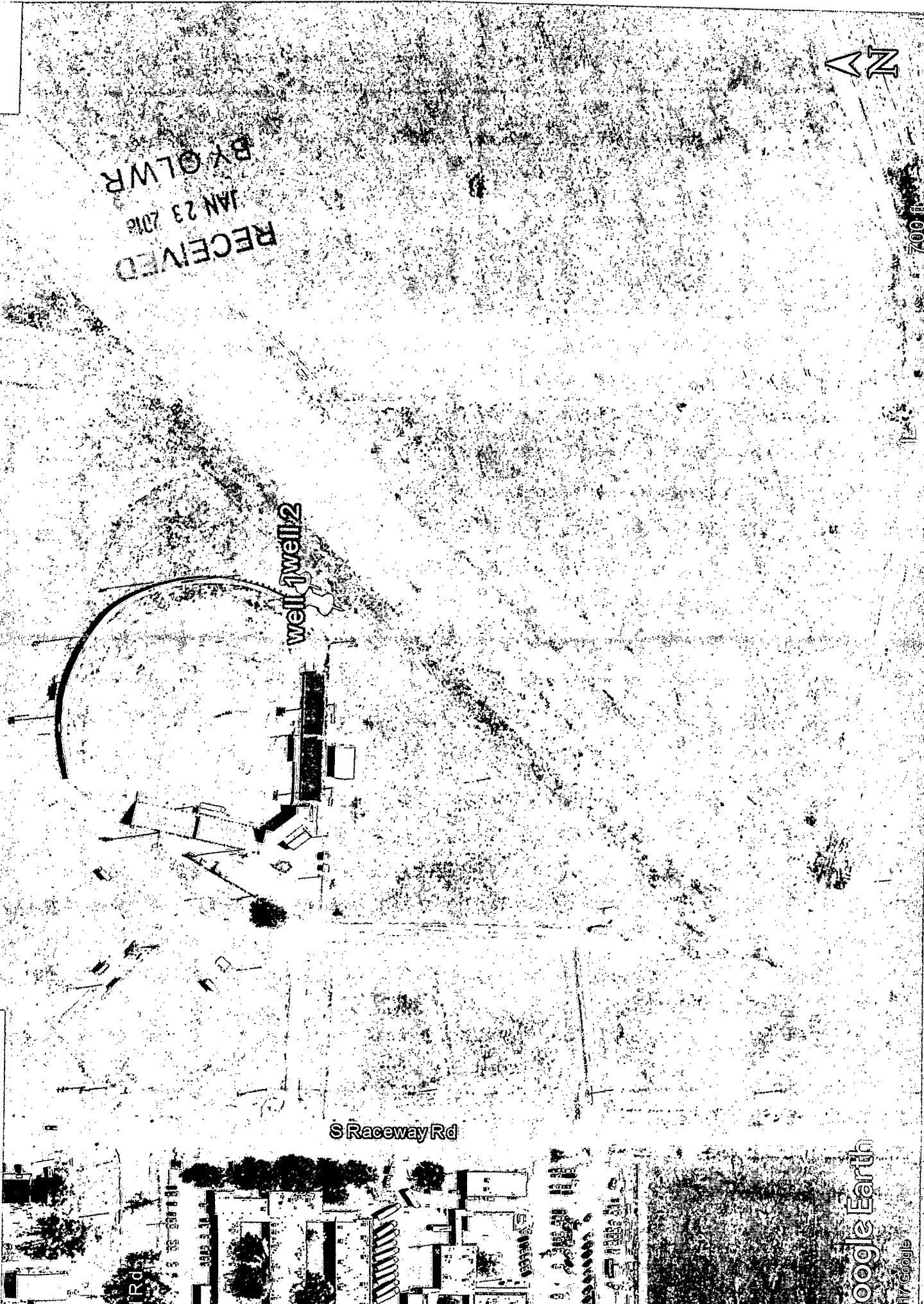
# Untitled Map

Write a description for your map.

26

Legend

well



Google Earth

by Google