

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 #: D261
Aquifer: _____
E-Log #: _____

County: Washington
Permit #: _____
Driller: Charles M Nichols
Date drilling completed: 10-11-17

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Manuel Perez</u>	Latitude: <u>33°24'18.81"N</u> Longitude: <u>90°58'59.27"W</u>
Mailing Address: <u>534 Atkins Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Leland</u> <u>MS</u> <u>38756</u>	<u>NE 1/4 SW 1/4, Sec 15 T 18N R 18W</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data

Date drilling started: 10-11-17 Date drilling completed: 10-11-17 Hole depth: 500 ft 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

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 feet [above or below] and surface Date measured: 10-12-17
(circle one)

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

Well depth: 480 Well grouted to a depth of: 25 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 450 feet Casing diameter: 4 x 2 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 Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 150 feet

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

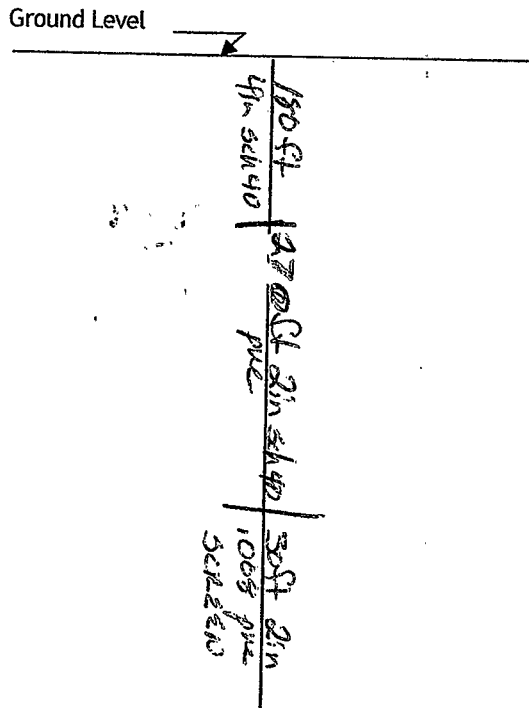
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County: Washington
 Permit #: _____

For Office Use Only:
 Well #: D261

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 40
Sand	40	60
sand p-gravel	60	90 75
Clay	75	320
Fine sand	320	380
Sand & shell	380	410
Sand & clay str	410	440
Med to cs	440	500

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) 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 12-18-17 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)

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date completed: 10-12-17
Copy information from block on Part 1

For Office Use Only:

Well #: D261
 Aquifer: _____

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>Manuel Perez</u>	Latitude: <u>33° 24' 18.81" N</u> Longitude: <u>90° 58' 59.27" W</u>
Mailing Address: <u>534 Atkins Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Ireland</u> <u>MS</u> <u>38756</u>	<u>NE 1/4 SW 1/4, Sec 15 T18N R18W</u>
City State 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: 10-12-17 Rated Pump Capacity: 18 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: 2 Setting Depth: 120 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

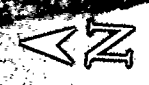
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Charles M. Nichols 8221 12-18-17

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



Legend

-  [Untitled]
-  Number 66, Island
-  Rena Lara well



Untitled Map

Write a description for your map.