

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 #: E225
Aquifer: _____
E-Log #: _____

County: Washington
Permit #: _____
Driller: Charles M. Nichols
Date drilling completed: 8-3-17

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>Sue Webb</u> | Latitude: <u>33°23'31.21"N</u> Longitude: <u>90°52'57.09"W</u> |
| Mailing Address: <u>203 Lake Rd</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Beland</u> <u>MS</u> <u>38756</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code | <u>NW 1/4 SW 1/4, Sec 24 T 18N R 7W</u> |
| Telephone No. (____) _____ | _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town) |

| Well / Borehole Data |
|--|
| Date drilling started: <u>8-3-17</u> Date drilling completed: <u>8-3-17</u> Hole depth: <u>120</u> Hole diameter: <u>7 7/8"</u> |
| Location of the source of any surface water used for drilling: <u>Pond</u> |
| Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u> |
| Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ |
| Name of organization running log(s): _____ |
| Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____ |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i> |
| Purpose of Well (circle all applicable): Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other (describe): _____ |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ |
| Static Water Level: _____ feet [above or below] land surface Date measured: _____ <small>(circle one)</small> |
| Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____ |
| Well depth: <u>120</u> Well grouted to a depth of: <u>20</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix |
| Casing length: <u>90</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> |
| Screen length: <u>30</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> |
| Screen slot size: <u>.020</u> inches Setting depth: From <u>90</u> feet to <u>30</u> feet |
| Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development Other (describe): _____ |
| Top of lap pipe or reduction in casing: _____ feet |
| <i>If telescoped or more than one screen, describe on next page</i> |

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level 



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) |
|---------------------------------------|--------------|------------|
| Sandy Clay | Ground level | 20 |
| fine Sand | 20 | 40 |
| med. to cs. | 40 | 60 |
| cs P-gravel | 60 | 120 |
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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
 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 #: E225
Aquifer: _____

County: Washington
Permit #: _____
Driller: Charles M. Nichols
Date completed: 8-3-17
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>Sue Webb</u> | Latitude: <u>33°23'34.29"N</u> Longitude: <u>90°52'57.09"W</u> |
| Mailing Address: <u>203 Lake Rd.</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>Leland MS.</u> <u>38756</u> | <u>NW 1/4 SW 1/4, Sec 24 T 18N R 7W</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: 8-3-17 Rated Pump Capacity: 90 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: 84 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: RECEIVED
Meter Model Number/Name: _____ Type of Meter: JAN 24 2018
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: BY OLWR
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.

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



Untitled Map

Write a description for your map.

Legend

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

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1000 ft