

FAXED 5-6-09

County: Washington  
 Permit #: GW43180  
 Driller: Charles M. Nichols  
 Date drilling completed: 4-25-09

**State Well Report**  
**Part I - 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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: F-165  
 L. S. Elevation: \_\_\_\_\_  
 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>GILNOCKIE FARMS</u>	Latitude: <u>33° 21' 32" N</u> Longitude: <u>090° 51' 07" W</u>
Mailing Address: <u>ROBTATE</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>
<u>45 NARANEE Rd</u>	USGS quad: <u>SE 1/4 SE 1/4 Sec 31 Twa 18 Rng 6W</u>
<u>Leland MS 38756</u>	Distance: <u>3 1/2</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Leland</u>
City State Zip Code	
Telephone No. ( ) _____	

**Well / Borehole Data**

Date drilling started: 4-25-09 Date drilling completed: 4-25-09 Hole depth: 120 Hole diameter: 26

Location of the source of any surface water used for drilling: Boque  
 Method of dosing and volume of Chlorine used in drilling and development: HTH

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check 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 (check one): Home  Industrial  Public Supply  Irrigation   Fish Culture  Other: \_\_\_\_\_

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 4-25-09  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Near Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: plc  
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: plc  
 Screen slot size: 1035 inches Setting depth: From 50 feet to 120 feet

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

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

RECEIVED

MAY 11 2009

BY: OLWF



# 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 #: \_\_\_\_\_  
 Driller: Charles M. Nichols  
 Date completed: 4-25-09  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F-165  
 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>GIL NOCKIE FARMS</u>	Latitude: <u>33° 21.632' N</u> Longitude: <u>90° 51.072' W</u>
Mailing Address: <u>45 WAPPANEE Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
<u>Leland MS 38756</u> City State Zip Code	Distance Direction Nearest Town <u>3 1/2 Miles SE of Leland</u>
Telephone No. ( ) _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>4-30-09</u>	Setting Depth: <u>70ft x 8in</u> feet
Rated Pump Capacity: <u>1700</u> Gallons Per Minute	Number of Stages: <u>1 x 10in</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): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>21</u> Feet Below Land Surface	For flowing well, measured shot 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

FORM OLWE-SWR-18  
 RECEIVED

MAY 11 2009

BY: OLWE  
 May 06 09 04:20P