

State Well Report

Part 1

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 #: 6-381

L. S. Elevation: _____

E-log #: _____

County: Washington
Permit #: MS620 40574
Driller: Charles M. Nichols
Date drilling completed: 8-16-05

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>A.H. BECK FOUNDATION CO, INC.</u>	Latitude: <u>33° 18' 13" N</u> Longitude: <u>091° 08' 16" W</u>		
Mailing Address: <u>5123 BLANCO RD.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>SAN ANTONIO TX 78216</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
City State Zip Code	<u>1/4 1/4 Sec 6 Twn 17N Rng 9W</u>		
Telephone No. _____	Distance _____ Miles Direction _____ of _____	Nearest Town <u>new bridge site on MS River</u>	
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Supply well</u>			
Date well drilling started: <u>8-16-05</u>	Date well drilling completed: <u>8-16-05</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>18 ft</u> feet above or below (circle one) land surface	Date measured: <u>8-16-05</u>		
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>113</u> Well depth: <u>113</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <u>Cement</u> Bentonite <u>Mix</u>			
Casing length: <u>73</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u>			
Screen slot size: <u>1.032</u> inches Setting depth: From <u>73</u> feet to <u>103</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	Other (describe): _____		
Top of lap pipe reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running log(s): _____			
I certify that this well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
<u>Charles M. Nichols 0-0667</u>	<u>Charles M. Nichols</u>		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

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STATE WELL RETURN

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)

For Office Use Only:

Aquifer: _____
 Well #: G-321
 Elevation: _____

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date completed: 8-17-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of the pump.

Well Owner Information
 Owner Name: AH Beck Foundation LLC
 Mailing Address: 5123 BLANCK RD.
SAN ANTONIO TX 78216
 City State Zip Code
 Telephone No.: _____

Well Location
 Latitude: 33° 18' 13N Longitude: 091° 08' 16W
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
 _____ 1/4 _____ 1/4 Sec 6 Twn 17N Rng 9W
 Distance Direction Nearest Town
 _____ Miles _____ of _____

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 8-17-05
 Rated Pump Capacity: 700 Gallons Per Minute

Power Type
 Circle one
Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 15
 Setting Depth: 60 feet
 Number of Stages: 1

Pump Test Data
 Date Well Tested: _____
 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
 Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
 Circle one
 Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

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