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Bill Schultz

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p. 1

### State Well Report

#### Part I

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-322  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Washington  
 Permit #: \_\_\_\_\_  
 Driller: Charles Nichols  
 Date drilling completed: 3-16-06

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>Burt Flanagan</u>		Latitude: <u>33° 18' 10" N</u>	Longitude: <u>89° 04' 20" W</u>
Mailing Address: <u>481 Cypress Lane</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>Apt. 140</u>		USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	
<u>Greenville MS. 38701</u>		<u>SE 1/4 SW 1/4 Sec 13 Twn 17N Rng 8W</u>	
City: _____ State: _____ Zip Code: _____		Distance: <u>6</u> Miles	Direction: <u>South</u> of <u>Greenville</u>
Telephone No. <u>662 820-7799</u>		Nearest Town: _____	

**Well Data**

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

Date well drilling started: 3-15-06 Date well drilling completed: 3-16-06

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

Static Water Level: 37 feet above or below (circle one) land surface Date measured: 3-16-06

Method of Measurement (circle one): steel tape electric type air line other: \_\_\_\_\_

Hole depth: 420 Well depth: 420 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 400 feet Casing diameter: 4x2 inches Type of casing: pvc

Screen length: 20 feet Screen diameter: 2 inches Type of screen: pvc

Screen slot size: .008 inches Setting depth: From 400 feet to 420 feet

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

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

Top of lap pipe reduction in casing: 150 feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run 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.

Charles M. Nichols 0-0667 \_\_\_\_\_  
 Print Name of Well Contractor and License No. Signature of Water Well Contractor



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p. 3

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)

For Office Use Only:

Aquifer:
Well #: G-322
Elevation:

County: Washington
Permit #:
Driller: Charles M. Nichols
Date completed: 3-16-06

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

Well Owner Information and Well Location section containing owner name (Burt Flanagan), mailing address (481 Cypress Lane, Greenville, MS), telephone number (662) 820-7799, latitude/longitude, and method of survey.

Pump Type and Power Type section with options for Air Lift, Bucket, Centrifugal, Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, and other specifications like Horse Power Rating and Setting Depth.

Pump Test Data and Method of Measuring Water Level section including static water level (37 feet), drawdown, test pumping rate, and measurement methods like Steel Tape.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Charles M. Nichols 0-0667
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer