

State Well Report

Part 1 - 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)

County: Washington
Permit #:
Driller: Charles M. Nichols
Date drilling completed: 5-29-07

For Office Use Only:
Aquifer:
Well #: G-327
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)
Owner Name: MICHAEL ROBINSON
Mailing Address: YOLLAND RD
Greenville MS 38701
City State Zip Code
Telephone No.
Well or Borehole Location
Latitude: 33° 18' 20N Longitude: 091° 04' 17W
Method of Lat/Long (circle one): Conventional Survey,
USGS quad (Hand-held GPS), Survey-grade GPS
1/4 1/4 Sec 24 Twn 17N Rng 8W
Distance Direction Nearest Town
6 Miles SW of Greenville

Well / Borehole Data
Date drilling started: 5-29-07 Date drilling completed: 5-30-07 Hole depth: 420 Hole diameter: 7 7/8 x 5 5/8
Location of the source of any surface water used for drilling: Community system
Method of dosing and volume of Chlorine used in drilling and development: AT4
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 [checked] 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

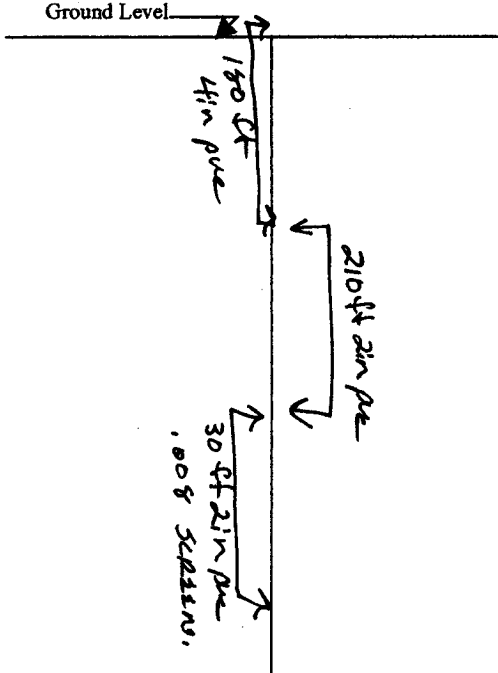
Purpose of Well (check one): Home [checked] Industrial Public Supply Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 35 feet above or below (circle one) land surface Date measured: 6-5-07
Method of Measurement (circle one) (steel tape) electric tape air line other:
Well depth: 420 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 390 feet Casing diameter: 4 1/2 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 390 feet to 420 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: 180 feet. If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

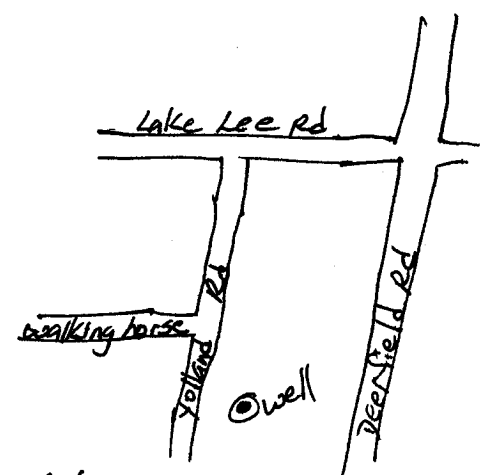


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	60
Sand	60	119
Clay	119	340
med sand	340	360
med to course sand	360	360
Course sand	380	420

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) a north arrow.



Landowner Name: Mike Robinson

Form: OLWR-SWR-1A

I 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 0-0667  
Print Name of Responsible Licensee and License No.

6-24-07  
Date

Charles M. Nichols  
Signature of Licensee

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# 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: 6-5-07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: G-327  
 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>Michael Robinson</u>	Latitude: <u>33°18'20N</u> Longitude: <u>091°04'17W</u>
Mailing Address: <u>YOLLAND Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>GREENVILLE MS 370</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City                      State                      Zip Code	_____ 1/4 _____ 1/4 Sec <u>24</u> T <u>17</u> R <u>8W</u>
Telephone No. ( ) _____	Distance                      Direction                      Nearest Town
	<u>6</u> Miles <u>SW</u> of <u>Greenville</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <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>1</u>
Date Pump Installed: <u>6-5-07</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>9</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): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>25</u> 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: OLWR-SWR-1B

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