

Wednesday, July 27, 2005 1:00 PM

Bill Schultz 662.335.5777

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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)

County: Washington
 Permit #: 40528
 Driller: Charles M. Nichols
 Date drilling completed: 7-1-05

For Office Use Only:
 Aquifer: _____
 Well #: H-195
 L. S. Elevation: _____
 E-log #: _____

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>Thad Potter (Ress Plm)</u>	Latitude: <u>33° 16' 28" N</u> Longitude: <u>90° 22' 57" W</u>
Mailing Address: <u>P.O. Box 397</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Acacia</u> <u>MS</u> <u>38722</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 32 Twn 17N Rng 7W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2.5</u> Miles <u>W</u> of <u>Acacia</u>

Well Data

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

Date well drilling started: 7-1-05 Date well drilling completed: 7-1-05

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

Static Water Level: 27 feet above or below (circle one) land surface Date measured: 7-1-05

Method of Measurement (circle one) Steel tape electric tape air line other: _____

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 33 inches Setting depth: From 80 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 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 the 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 00667 Charles M. Nichols
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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County: Washington
 Permit #: 40528
 Driller: Charles M. Nichols
 Date completed: 7-2-05

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 #: H-195
 Elevation: _____

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		Well Location	
Owner Name: <u>Had Patton - Ross Pkwy</u>	Latitude: <u>35° 16' 28N</u>	Longitude: <u>89° 53' 52W</u>	
Mailing Address: <u>P.O. Box 397</u>	Method of Lat/Long (circle one): Conventional Survey,		
<u>Brook 902</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code: _____	<u>NE 1/4</u>	Sec. <u>37</u>	Twp. <u>17N</u> Rng. <u>7W</u>
Telephone No. () _____	Distance _____	Direction _____	Nearest Town _____
	Miles _____	of _____	

Pump Type Circle one		Power Type Circle one		
Air Lift	Jet	<input checked="" type="radio"/> Submersible	Diesel Engine	Gasoline Engine
Buried	Piston	Turbine	<input checked="" type="radio"/> Electric Motor	Natural Gas
Centrifugal	Rotary	Flowing Well	Hand	Tractor PTO
Other (specify): _____			Windmill	Other (specify): _____
Date Pump Installed: <u>7-2-05</u>			Hours Power Rating of Motor: <u>30</u>	
Rated Pump Capacity: <u>1500</u> Gallons Per Minute			Setting Depth: <u>60</u> feet	
			Number of Stages: <u>1</u>	

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____	Static Water Level (A): _____ Feet Below Land Surface	Air Line	Electric Measuring Line
Pumping Water Level (B): _____ Feet Below Land Surface	Drawdown ((B) - (A)): _____ Feet Below Land Surface	Other (specify): _____	Steel Tape
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	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 00667
 Print Name of Pump Installer and License No. (if applicable) _____
 Signature of Pump Installer _____

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