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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 #: J-81
L. S. Elevation: _____
E-log #: _____

County: Washington
Permit #: _____
Driller: Charles M. Nichols
Date drilling completed: 2-9-06

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>Hunter Moorhead</u>		Latitude: <u>33° 16' 37" N</u>	Longitude: <u>90° 51' 24" W</u>
Mailing Address: <u>Hwy 438</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>Acola MS 38722</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code		<u>SW 1/4 SE 1/4 Sec 31 Twn 17 N Rng 6W</u>	
Telephone No. <u>662 927-2729</u>		Distance Direction Nearest Town	
		<u>1 Miles East of Acola</u>	

Well Data

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

Date well drilling started: 2-8-06 Date well drilling completed: 2-9-06

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

Static Water Level: 42 feet above or below (circle one) land surface Date measured: 2-13-06

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

Hole depth: 460 Well depth: 450 Well grouted to a depth of 12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 430 feet Casing diameter: 4 1/2 inches Type of casing: pvc

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

Screen slot size: 0.005 inches Setting depth: From 430 feet to 450 feet

Type of completion (circle all applicable): Gravel packed 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): 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 00667 _____
Print Name of Driller Well Contractor and License No. Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer: _____
 Well #: J-81
 Elevation: _____

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date completed: 2-13-06

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		Well Location	
Owner Name: <u>Hunter Moorhead</u>		Latitude: <u>33°16'37N</u>	Longitude: <u>090°51'24W</u>
Mailing Address: <u>Hwy 438</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>Arcola Ms. 38722</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code		<u>SW 1/4 SE 1/4 Sec 31 Twn 17N Rng 6W</u>	
Telephone No. _____		Distance Direction Nearest Town	
		<u>1 Miles East of Arcola</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>2-13-06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: _____

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>42</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 _____ 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 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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