

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: 6-5-07

For Office Use Only:
Aquifer:
Well #: K-130
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)	Well or Borehole Location
Owner Name: <u>JAMES PLANTATION</u>	Latitude: <u>33° 11' 48" N</u> Longitude: <u>091° 03' 16" W</u>
Mailing Address: <u>4661 Hwy 1 So.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Hollandale MS 38748</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 26 Twn 16N Rng 8W</u>
Telephone No. ()	Distance Direction Nearest Town
	<u>2 1/2 Miles South of AUM</u>

Well / Borehole Data

Date drilling started: 6-5-07 Date drilling completed: 6-5-07 Hole depth: 100 Hole diameter: 26

Location of the source of any surface water used for drilling: Farm Pond

Method of dosing and volume of Chlorine used in drilling and development: HTH

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 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 _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

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

Static Water Level: 12 feet above of below (circle one) land surface Date measured: 6-5-07

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: plc

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

Screen slot size: 1.035 inches Setting depth: From 60 feet to 100 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 next page*

Form: OLWR-SWR-1A

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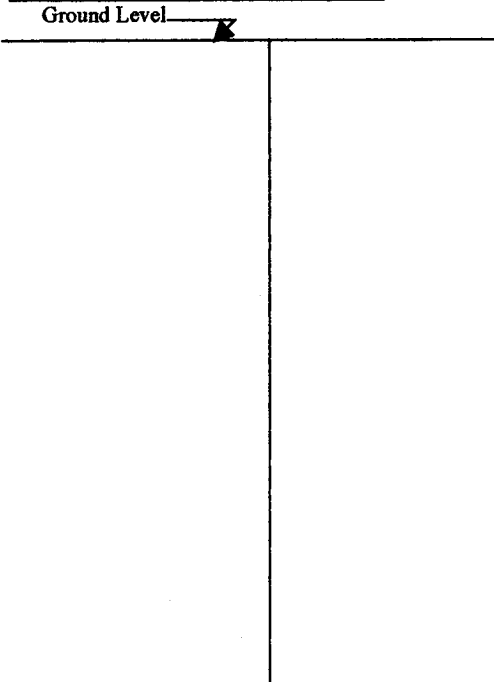
GW41937

K-130

The sketch below only required for water wells

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

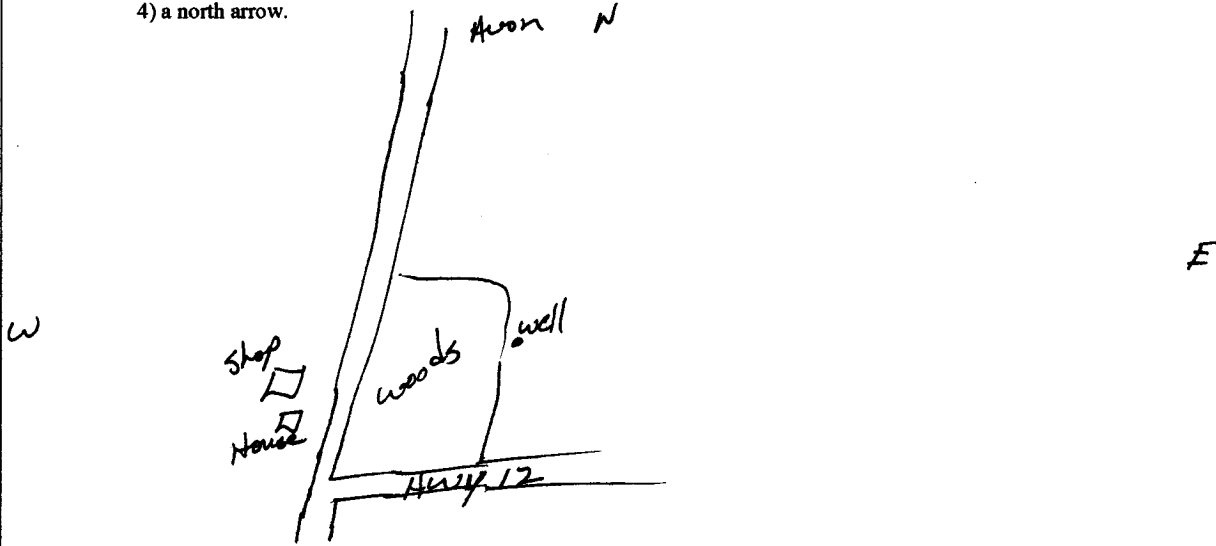
If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	10
course sand + p-gravel	10	20
course sand	20	40
med. sand	40	60
course sand little gravel	60	97
clay	97	100

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 Lewis

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.

Print Name of Responsible Licensee and License No. Charles M. Nichols 02667

Date 6-24-07

Signature of Licensee Charles M. Nichols

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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 #: GW 41937
 Driller: Charles M. Nichols
 Date completed: 6-5-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K-130
 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>JAMES PLANTATION</u>	Latitude: <u>33°11'48N</u> Longitude: <u>091°03'16W</u>
Mailing Address: <u>4661 Hwy 150</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hollandale MS 38748</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>26</u> T <u>16N</u> R <u>8W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2 1/2</u> Miles <u>South</u> of <u>Avon</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-7-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</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>12</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>2500</u> GPM with a drawdown of _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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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