

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: 8-15-07

For Office Use Only:
Aquifer: _____
Well #: K-134
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>Joseph Tatum</u>	Latitude: <u>33° 11' 37N</u> Longitude: <u>091° 03' 40W</u>
Mailing Address: <u>46 PRIEST POINT</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>HATTIESBURG MS 39401</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>36</u> Twn <u>16N</u> Rng <u>8W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2 1/2</u> Miles <u>South</u> of <u>Avon</u>
Well / Borehole Data	
Date drilling started: <u>8-13-07</u> Date drilling completed: <u>8-15-07</u> Hole depth: <u>460</u> Hole diameter: <u>7 7/8 x 5 1/8</u>	
Location of the source of any surface water used for drilling: <u>well on site</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>H7H</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input checked="" type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>	
Seismic Survey <input type="checkbox"/> Other (describe) _____	
If drilling is not related to water well construction, skip the remainder of this block	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>25</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>8-15-07</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>420</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>390</u> feet Casing diameter: <u>4 X 2</u> inches Type of casing: <u>pvc</u>	
Screen length: <u>30</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>pvc</u>	
Screen slot size: <u>1008</u> inches Setting depth: From <u>390</u> feet to <u>420</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>200</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

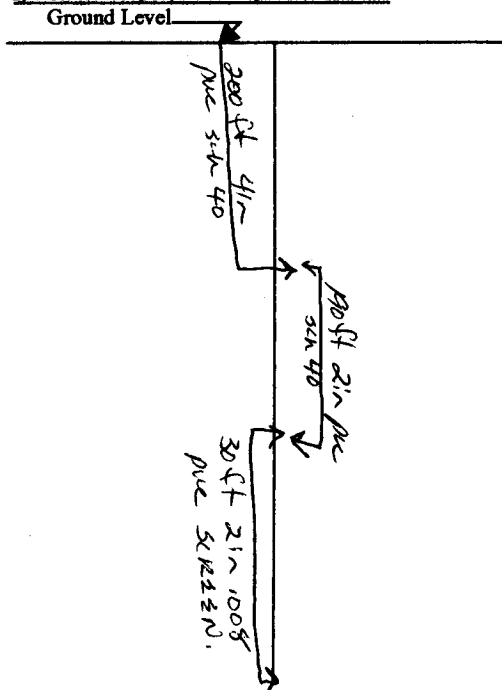
RECEIVED

AUG 20 2007

BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch

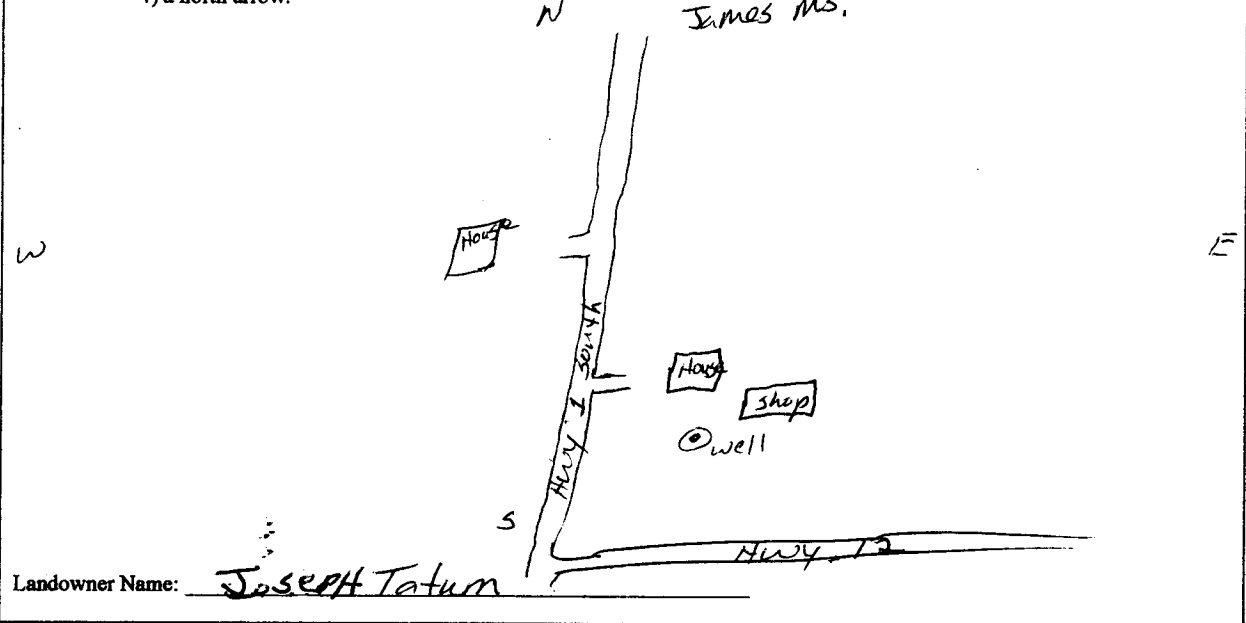


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	6
sandy clay	6	80
sand	80	120
sand - gravel + gravel	120	175
clay	175	240
med sand	240	260
course sand	260	300
med & fine sand	300	340
sand clay streaks	340	360
course sand	360	420
course sand + brown clay	420	440
fine sand	440	460

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: Joseph Tatum

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 8-16-07 Charles M. Nichols
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

RECEIVED
 AUG 20 2007
 BY: OLWR

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: 8-15-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K-134
 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>Joseph Tatum</u>	Latitude: <u>33°11'37N</u> Longitude: <u>091°03'40W</u>
Mailing Address: <u>46 Priest Point</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>HATTIESBURG MS 39401</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>2 1/2 Miles South of Avon</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>Customer pump</u>	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8-15-07</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>8</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>25</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)

Charles M. Nichols
 Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED

AUG 20 2007

BY: OLWR