

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 #: L-162
L. S. Elevation: _____
E-log #: _____

County: Washington
Permit #: OW 40697
Driller: Charles M. Nichols
Date drilling completed: 11-22-05

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>Steele Farms</u>	Latitude: <u>33° 13' 57" N</u> Longitude: <u>90° 56' 45" W</u>
Mailing Address: <u>RT. 1 Box "L"</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>HOLLANDALE MS 38748</u>	USGS quad, <u>hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 17 Twn 16N Rng 7W</u>
Telephone No. _____	Distance Direction Nearest Town <u>3 Miles SW of Arcola</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: <u>(Replacement)</u>	
Date well drilling started: <u>11-22-05</u> Date well drilling completed: <u>11-22-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>21</u> feet above or below (circle one) land surface Date measured: <u>11-22-05</u>	
Method of Measurement (circle one) steel tape electric tape air line other: _____	
Hole depth: <u>93</u> Well depth: <u>93</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite <u>Mix</u>	
Casing length: <u>53</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>pvc</u>	
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>pvc</u>	
Screen slot size: <u>.032</u> inches Setting depth: From <u>53</u> feet to <u>93</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of last pipe reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> 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.

Print Name of Water Well Contractor and License No. Charles M. Nichols 0-0667

Signature of Water Well Contractor Charles M. Nichols

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STATE WELL RETURN

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 #: 6W 40697
 Driller: _____
 Date completed: 11-22-05

For Office Use Only:
 Aquifer: _____
 Well #: L-162
 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: _____	Latitude: <u>33° 13' 57N</u> Longitude: <u>90° 56' 45W</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey,
_____	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>17</u> Twn <u>16N</u> Rng <u>7W</u>
Telephone No. _____	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>SW</u> of <u>Arcole</u>

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

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ 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.

Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer _____

No Pump

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 BY: OLWR