

Monday, August 14, 2006 3:06 PM

Bill Schultz 3355777

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Invld 8-14-06

County: Washington
 Permit #: 20041231
 Driller: Charles M. Nichols
 Date drilling completed: 7-20-06

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)

For Office Use Only:
 Aquifer: _____
 Well #: L-165
 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>DONALD CROWE</u>		Latitude: <u>33° 14' 25" N</u>	Longitude: <u>090° 53' 00" W</u>
Mailing Address: <u>Box 26</u>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	
<u>HOLLANDALE MS 38748</u>		<u>1/4 Sec 13 Twn 16N Rng 7W</u>	
City: _____ State: _____ Zip Code: _____		Distance: <u>2 1/2</u> Miles	Direction: <u>South</u> of Nearest Town: <u>Arceola</u>
Telephone No.: _____			

Well Data

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

Date well drilling started: 7-20-06 Date well drilling completed: 7-20-06

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 7-20-06

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

Hole depth: 115 Well depth: 115 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .035 inches Setting depth: From 75 feet to 115 feet

Type of completion (circle all applicable): Gravel packed Underscreened 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): 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 0-0667
 Print Name of Well Contractor and License No.

Charles M. Nichols
 Signature of Water Well Contractor

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DRAIN 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)961-9210
(601)354-6938 (fax)

County: Washington
Permit #: 0041281
Driller: Charles M. Nichols
Date completed: 7-20-06

For Office Use Only:
Aggr#:
Well #: L-165
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: Donald L. Rowe, Box 26, Hollandale MS 38748
Well Location: Latitude: 33° 14' 25" N, Longitude: 090° 53' 00" W
Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS
City: Hollandale, State: MS, Zip Code: 38748
Distance: 2 1/2 Miles, Direction: South, Nearest Town: Arcola

Pump Type: Jet, Submersible, Turbine
Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO
Air Lift, Bucket, Centrifugal, Other (specify):
Date Pump Installed: 7-21-06
Rated Pump Capacity: 3000 Gallons Per Minute
Horse Power Rating of Motor: 60
Setting Depth: 70 feet
Number of Stages: 1

Pump Test Data: Date Well Tested, Static Water Level (A): 22 Feet Below Land Surface, Pumping Water Level (B):, Drawdown (B) (A):, Test Pumping Rate: Gallons Per Minute, Duration of Pump Test (minimum 4 hours): hours
Method of Measuring Water Level: Circle one: Air Line, Electric Measuring Line, Stool Tape
Other (specify):
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 0-0667
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer

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