

County: Washington  
 Permit #: GW-43931  
 Driller: Charles M. Nichols  
 Date drilling completed: 2-18-11

**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)

For Office Use Only:  
 Aquifer: L189  
 Well #: \_\_\_\_\_  
 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>Steele Land Co.</u> Mailing Address: <u>40 Riverside Rd</u> <u>Hollandale MS. 38748</u> City State Zip Code Telephone No. ( ) _____		Latitude: <u>33°15'18</u> Longitude: <u>90°57'52</u> Method of Lat/Long (circle one): Conventional Survey, <u>Google Earth</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>S.W. 5W. Sec 6 Twp 16N Rng 7W</u> Distance Direction Nearest Town <u>4</u> Miles <u>East</u> of <u>Layside</u>	
Well / Borehole Data			
Date drilling started: <u>2-18-11</u> Date drilling completed: <u>2-18-11</u> Hole depth: <u>75</u> Hole diameter: <u>26</u>			
Location of the source of any surface water used for drilling: <u>Ditch</u> Method of dosing and volume of Chlorine used in drilling and development: <u>NTA</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) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>			
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> <input checked="" type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____			
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>16</u> feet above or below (circle one) land surface		Date measured: <u>3-19-11</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Well depth: <u>75</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat <u>Cement</u> Bentonite <u>Mix</u>			
Casing length: <u>35</u> feet Casing diameter: <u>16</u> inches		Type of casing: <u>pvc</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches		Type of screen: <u>pvc</u>	
Screen slot size: <u>.035</u> inches Setting depth: From <u>35</u> feet to <u>75</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____			
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>			

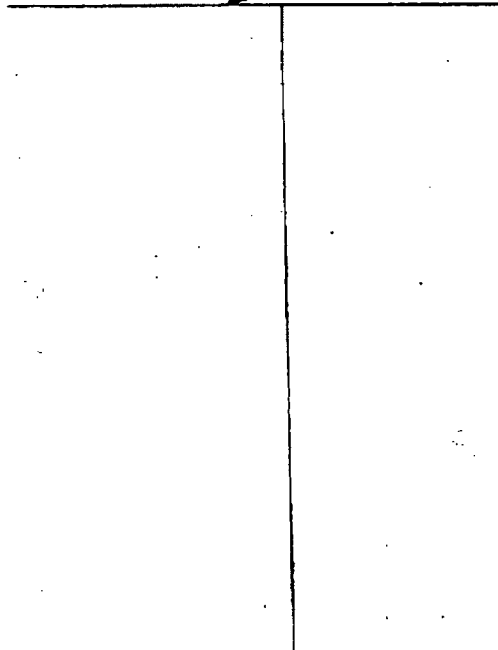
L189

The sketch below only required for water wells

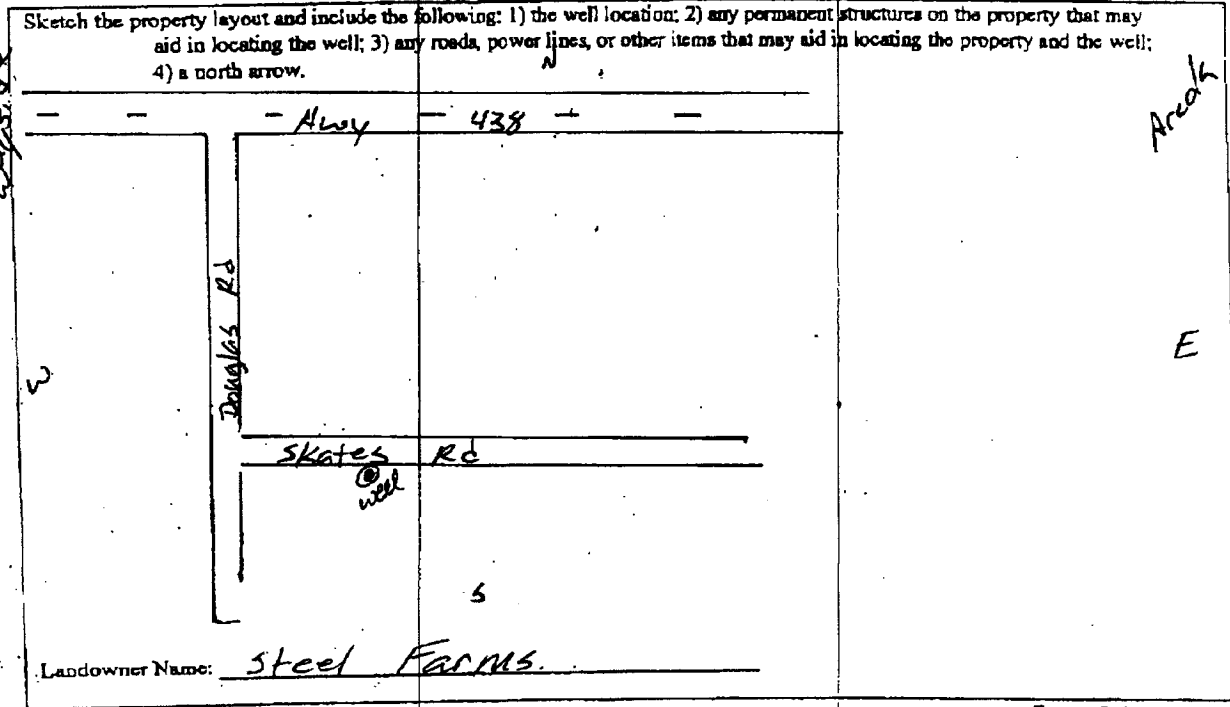
If well telescopes, show depths on sketch  
Ground Level

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)
Clay	Ground Level	40
med sand	40	45
Sand + p-gravel	45	50
Course sand	50	60
Course sand + p-gravel	60	70
Course sand	70	73
Clay	73	75



If more than one screen, show location of each on sketch



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 0-0667  
Print Name of Responsible Licensee and License No.

Date

Charles M. Nichols  
Signature of Licensee

# 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-43931  
 Driller: Charles M. Nichols  
 Date completed: 3-19-11  
 Copy information from block on Part 1

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 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 90 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Steele Land Co.</u>	Latitude: <u>33°15'18.89"N</u> Longitude: <u>90°57'52.23"W</u>
Mailing Address: <u>40 Riverside Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hollandale Ms. 38748</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>4 Miles East of Wayside</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>3-19-11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>16</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shot 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 0-0665  
 Print Name of Pump Installer and License No. (if applicable)

Charles M. Nichols  
 Signature of Pump Installer

Form: OLWR-SWR-1B