

# 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 #: M-1588  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Washington  
Permit #: \_\_\_\_\_  
Driller: Charles M. Nichols  
Date drilling completed: 11-16-05

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>Therunissen Farms</u>	Latitude:	<u>33° 13' 30" N</u> Longitude: <u>90° 48' 23" W</u>
Mailing Address:	<u>72 Linn Rd</u>	Method of Lat/Long (circle one):	Conventional Survey,
	<u>Hollandale MS 38701</u>	USGS quad:	<u>Hand-held GPS</u> Survey-grade GPS
City:	State:	Zip Code:	
Telephone No.:		Distance:	Direction:
		<u>3</u> Miles	<u>NE</u> of <u>Hollandale</u>

**Well Data**

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

Date well drilling started: \_\_\_\_\_ Date well drilling completed: \_\_\_\_\_

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

Static Water Level: 23 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 104 Well depth: 104 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 64 feet Casing diameter: 10 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 10 inches Type of screen: pvc

Screen slot size: .032 inches Setting depth: From 64 feet to 104 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): \_\_\_\_\_

Top of lap 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 Water Well Contractor and License No.

Charles M. Nichols  
Signature of Water Well Contractor

40683

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 Office of Land and Water Resources  
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 (601)961-5210  
 (601)354-6938 (fax)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: M-188  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Washington  
 Permit #: 6W 40683  
 Driller: Charles M. Nichols  
 Date drilling completed: 11-16-05

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>J. Heunissen Farms</u>		Latitude: <u>33° 13' 30" N</u>	Longitude: <u>90° 48' 23" W</u>
Mailing Address: <u>72 Immara Rd</u>		Method of Lat/Long (circle one): Conventional Survey,	
<u>Hollandale MS 38701</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>22</u> Twn <u>16N</u> Rng <u>6W</u>	
Telephone No.: _____		Distance: <u>3</u> Miles	Direction: <u>NE</u> of Nearest Town: <u>Hollandale</u>

**Well Data**

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

Date well drilling started: \_\_\_\_\_ Date well drilling completed: \_\_\_\_\_

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

Static Water Level: 23 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 104 Well depth: 104 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 64 feet Casing diameter: 10 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 10 inches Type of screen: pvc

Screen slot size: 0.32 inches Setting depth: From 64 feet to 104 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap 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 Charles M. Nichols  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: M-188

Elevation: \_\_\_\_\_

County: Washington  
 Permit # GW 40683  
 Driller: Charles M. Nichols  
 Date completed: 11-16-05

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: <u>Theremissen Farms</u>	Latitude: <u>33°13'30 N</u> Longitude: <u>90°48'23 W</u>
Mailing Address: <u>72 Jennison Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Hollandale MS 38701</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 22 Twn 16N Rng 6W</u>
Telephone No. _____	Distance Direction Nearest Town
	<u>3 Miles NE of Hollandale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>Customer's pump</u>	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: _____	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>800</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): _____ 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 Charles M. Nichols  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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