

# 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-190  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Washington  
 Permit #: \_\_\_\_\_  
 Driller: Charles M. Nichols  
 Date drilling completed: 1-28-06

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>Mary S. Smyly</u>	Latitude: <u>33° 14' 54" N</u>	Longitude: <u>90° 43' 52" W</u>	
Mailing Address: <u>3514 Avon Darlove Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,		
<u>Hollandale Ms. 38748</u>	<input checked="" type="radio"/> USGS quad, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
City _____ State _____ Zip Code _____	<u>SE 1/4 SE 1/4 Sec 8 Twn 16N Rng 6W</u>		
Telephone No. _____	Distance <u>9</u> Miles	Direction <u>East</u>	Nearest Town <u>of Arcola</u>

**Well Data**

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

Date well drilling started: 1-26-06 Date well drilling completed: 1-28-06

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

Static Water Level: 37 feet above or below (circle one) land surface Date measured: 1-28-06

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

Hole depth: 360 Well depth: 335 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite  Mix

Casing length: 305 feet Casing diameter: 4 1/2 inches Type of casing: pvc

Screen length: 30 feet Screen diameter: 2 inches Type of screen: pvc

Screen slot size: 1008 inches Setting depth: From 305 feet to 335 feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe reduction in casing: 180 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 Mark J. Smith  
 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-190

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

County: Washington  
 Permit #: \_\_\_\_\_  
 Driller: Charles M. Nichols  
 Date completed: 1-30-06

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of the pump.

Well Owner Information		Well Location	
Owner Name: <u>Mary S. Smyly</u>	Latitude: <u>33° 14' 54" N</u>	Longitude: <u>90° 43' 57" W</u>	
Mailing Address: <u>3514 Avon Darlow Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Nolandale MS, 38748</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code: _____	<u>SE 1/4 SE 1/4 Sec 8 Twn 16N Rng 6W</u>		
Telephone No.: _____	Distance	Direction	Nearest Town
	<u>9 Miles</u>	<u>East</u>	<u>of Arcola</u>

Air Lift	Pump Type Circle one		Power Type Circle one		
	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): _____	Date Pump Installed: <u>1-30-06</u>		Horse Power Rating of Motor: <u>2 HP</u>		
Rated Pump Capacity: <u>35</u> Gallons Per Minute			Setting Depth: <u>120</u> feet		
			Number of Stages: _____		

Date Well Tested: _____	Pump Test Data		Method of Measuring Water Level Circle one		
	Static Water Level (A): _____ Feet Below Land Surface		Air Line	Electric Measuring Line	Steel Tape
Pumping Water Level (B): _____ Feet Below Land Surface		Other (specify): _____			
Drawdown ((B)-A): _____ Feet Below Land Surface		For flowing well, measured shut in head: _____ feet			
Test Pumping Rate: _____ Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping			
Duration of Pumping 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: Charles M. Nichols 0-0667 Signature of Pump Installer: Charles M. Nichols

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