

Filed 9-9-09

County: Washington  
 Permit #: \_\_\_\_\_  
 Driller: Charles M. Nichols  
 Date drilling completed: 8-22-09

**State Well Report**  
**Part I - 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: \_\_\_\_\_  
 Well #: M215  
 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.

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Bubba Theravissen</u>        Mailing Address: <u>106 TANNISON Rd.</u>  <u>Hollandale MS 38748</u>        City State Zip Code        Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 12.426'N</u> Longitude: <u>090° 47.301'W</u>        Method of Lat/Long (circle one): <u>Conventional Survey</u>        USGS quad: <u>Hand-held GPS</u> Survey-grade GPS  <u>SW 1/4 NE 1/4 Sec 20 Twn 10 N Rng 6 W</u>        Distance Direction Nearest Town  <u>4 1/2 Miles NE of Hollandale</u></p>
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**Well / Borehole Data**

Date drilling started: 8-20-09 Date drilling completed: 8-22-09 Hole depth: 520 Hole diameter: 7 7/8 x 5 5/8

Location of the source of any surface water used for drilling: shop well  
 Method of dosing and volume of Chlorine used in drilling and development: HTH

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: 46 feet above or below (circle one) land surface Date measured: 8-22-09  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 510 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 480 feet Casing diameter: 4x2 inches Type of casing: PVC  
 Screen length: 30 feet Screen diameter: 2 inches Type of screen: PVC  
 Screen slot size: .008 inches Setting depth: From 480 feet to 510 feet

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

Top of lap pipe or reduction in casing: 150 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A



# 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 #: \_\_\_\_\_  
 Driller: Charles M. Nichols  
 Date completed: 8-22-09  
 Copy information from block on Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: M215  
 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 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Bubba THORNTON</u> Mailing Address: <u>106 TENNISON Rd.</u>  <u>Hollandale MS 38748</u> <small>City State Zip Code</small> Telephone No. ( ) _____	Latitude: <u>33° 12.426' N</u> Longitude: <u>90° 47.301' W</u> Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <sup>26</sup> <input checked="" type="checkbox"/> <sup>18</sup> USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>S1W 1/4 NE 1/4 Sec 26 T 10N R 6W</u> Distance Direction Nearest Town <u>4 1/2 Miles NE of Hollandale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u> Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>8-22-09</u> Rated Pump Capacity: <u>18</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1 HP.</u> Setting Depth: <u>120 x 1/4</u> feet Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>46</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>18</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line <input checked="" type="checkbox"/> <u>Steel Tape</u> 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)

Charles M. Nichols  
 Signature of Pump Installer

Form: OLWR-SWR-1B