

County: Washington
 Permit #: GW-46240 ✓
 Driller: Charles M. Nichols
 Date drilling completed: 5-22-12

STATE WELL REPORT

Part 1

Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601) 961-5210
 (601) 360-0535 (fax)

For Office Use Only:
 Well #: M234
 Aquifer: _____
 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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Edwin Thomas</u>	Latitude: <u>33°12.387N</u> Longitude: <u>90°42.913W</u>
Mailing Address: <u>2072 E Lake Washington Rd.</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey, ³³ <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS ⁵⁵
<u>Hollandale MS. 38748</u> City State Zip code	<u>SW 1/4 NE 1/4, Sec 28, T16N R 5W</u>
Telephone No. () - _____	<u>10</u> Miles <u>NE</u> of <u>Hollandale</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5-22-12 Date drilling completed: 5-22-12 Hole depth: 113 Hole diameter: 26

Location of the source of any surface water used for drilling: old well

Method of dosing and volume of Chlorine used in drilling and development: HTH

Logs run (check 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 all applicable): Home Industrial Public Supply Irrigation Fish Culture Replacement
 Other (describe): _____

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

Static Water Level: 35 feet [above or below] land surface Date measured: 5-24-12
(check one)

Method of Measurement (check one) Steel tape Electric tape Air line Other: (describe) _____

Well depth: 113 Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 73 feet Casing diameter: 16 inches Type of casing: pvc

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

Screen slot size: .032 inches Setting depth: From 73 feet to 113 feet

Type of completion (check all applicable): Gravel packed Underreamed Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: _____ Feet

If telescoped or more than one screen, describe on next page

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: M234
 Elevation: _____

County: Washington
 Permit #: _____
 Driller: Matt Nichols
 Date completed: 5/24/12
 Comp. (Information from block on Part 1)

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>Edwin Thomas</u>	Latitude: <u>33 12 26</u> Longitude: <u>90 42 50</u>
Mailing Address: <u>2072 E Lake Washington Rd</u> <u>Hollandale MS 38748</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>SE 1/4 NE 1/4 Sec 28 T 16 N R 05 W</u> Distance Direction Nearest Town <u>10 Miles NE of Hollandale, MS.</u>
Telephone No. <u>(662) 827-2804</u>	

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5/24/12</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1600</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/24/12</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>35</u> 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.
Robert Byars 0-543 Robert Byars
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

