

Oct 17 06 11:47a

Bill Schultz

3355777

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County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 9-19-06

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 #: N-131
 L. S. Elevation: _____
 E-log #: _____

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>CHIP TATUM</u>		Latitude: <u>33° 11' 37" N</u>	Longitude: <u>091° 03' 39" W</u>
Mailing Address: _____		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
Telephone No: _____		USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	
	<u>Natchez MS 39401</u>	<u>14</u> <u>14</u> Sec. <u>76</u> Twn. <u>16N</u> Rng. <u>8W</u>	
		Distance: <u>3</u> Miles	Direction: <u>South</u> of Nearest Town: <u>Avon</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: 19 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 80 Well depth: 80 Well grouted to a depth of 10 feet

Type of grout (circle one): Concrete Bentonite Mix

Casing length: 60 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 60 feet to 80 feet

Type of completion (circle all applicable): Gravel packed Underdrained 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 Well Contractor and License No. Signature of Water Well Contractor

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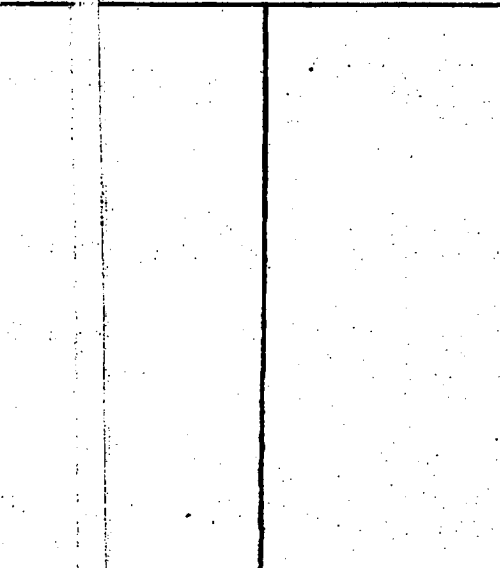
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N-131

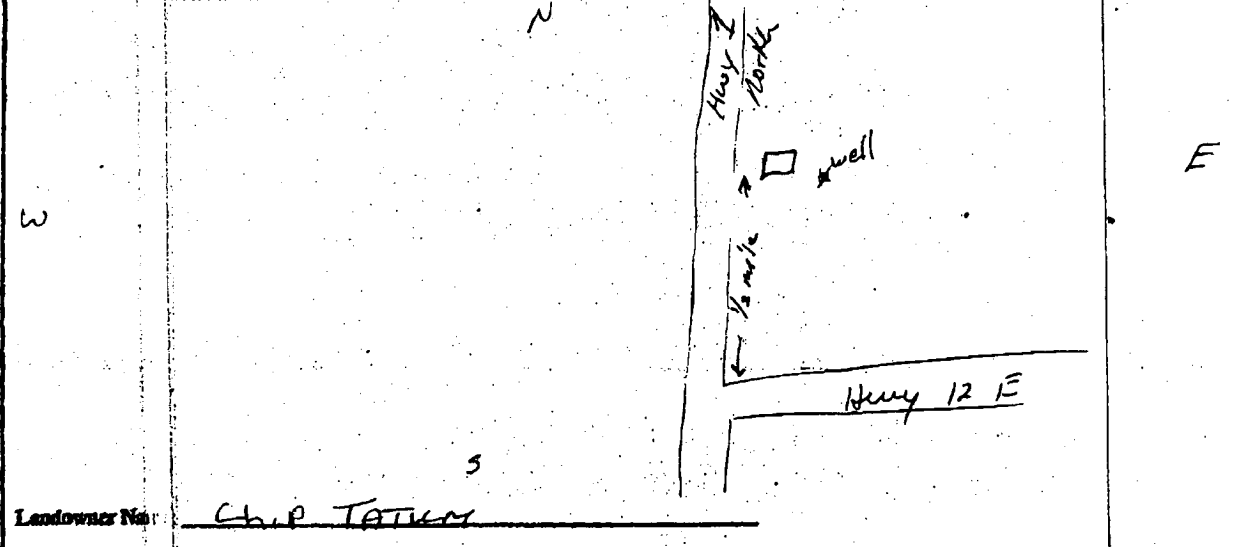
Ground level



Description of Formations Encountered	From	To
clay	0	16
med to coarse sand	16	40
coarse sand + p-gravel	40	50

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; indicate direction.



Charles A. Nichols
Signature: Water Well Contractor

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STATE WELL RETURN

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)961-3210
(601)354-6938 (fax)

County: Washington
Permit #:
Driller: Charles M. Nichols
Date completed: 9-19-06

For Office Use Only:
Aquifer:
Well #: N-131
Elevation:

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: Owner Name: CHIP TATUM, Mailing Address: HATTIESBURG, MS 39401, Telephone No.:
Well Location: Latitude: 33° 11' 37" N, Longitude: 091° 03' 39" W, Method of Lat/Long: Conventional Survey, USGS quad: 36, Twn: 16, Rng: 8, Distance: 3 Miles South of Avon

Pump Type: Jet (Submersible), Power Type: Electric Motor, Diesel Engine, Gasoline Engine, Natural Gas, Buckets, Piston, Turbine, Hand, Tractor PTO, Centrifugal, Rotary, Flowing Well, Windmill, Other (specify):, Horse Power Rating of Motor: 7, Setting Depth: 60 feet, Number of Stages: 8

Pump Test Data: Date Well Tested, Static Water Level (A): 19 Feet Below Land Surface, Pumping Water Level (B):, Drawdown ((B) - (A)):, Test Pumping Rate: Gallons Per Minute, Duration of Pump Test (minimum 4 hours):, Method of Measuring Water Level: Steel Tape, 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)
Signature of Pump Installer

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