

Mar 14 07 12:05p

Bill Schultz

3355777

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Journal 3-14-07

### 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)

County: Washington  
 Permit #: 41952  
 Driller: Charles M. Nichols  
 Date drilling completed: 3-1-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: N-135  
 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>O'possum Ridge P/Tg. Co.</u>	Latitude: <u>33° 11' 06" N</u>	Longitude: <u>90° 58' 16" W</u>	
Mailing Address: <u>134 Curry Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
<u>Hollandale MS 38748</u>	NW 1/4 NE 1/4 Sec. <u>1</u> Twn <u>15N</u> Rng <u>8W</u>		
City State Zip Code	Distance <u>6</u> Miles	Direction <u>West</u>	Nearest Town <u>Hollandale</u>
Telephone No. _____			

**Well Data**

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

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

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 130 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: pvc

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

Screen slot size: 0.055 inches Setting depth: From 90 feet to 130 feet

Type of completion (circle all applicable): Gravel packed Underscreened 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.

Print Name of Well Contractor and License No. Charles M. Nichols 0-0667

Signature of Water Well Contractor Charles M. Nichols



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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 39239-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Agency:

Well #: N 135

Elevation:

County: Washington
Permit #: 11557
Driller: Charles M. Nichols
Date completed: 3-1-07

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: O'Possum Ridge PLTg. Co., 134 Curry Rd, Hollandale MS 38748
Well Location: Latitude: 33° 11' 06N Longitude: 090° 58' 16W
Method of Lat/Long: Conventional Survey
USGS quad: Hand-held GPS, Survey-grade GPS
NW 1/4 NE 1/4 Sec 2 Twn 15N Rng 8W
Distance: 6 Miles west of Hollandale

Pump Type: Jet, Submersible, Turbine
Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO
Air Lift, Bucket, Centrifugal, Other (specify): hand owners pump
Horse Power Rating of Motor: 60
Setting Depth: 60 feet
Number of Stages: 2
Rated Pump Capacity: 2200 Gallons Per Minute

Pump Test Data: Static Water Level (A): 24 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
Air Line, Electric Measuring Line
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