

Faced 9-8-09

State Well Report

Part 1 - 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 #: 7126
L. S. Elevation: _____
E-log #: _____

County: Washington
Permit #: _____
Driller: Charles M. Nichols
Date drilling completed: 7-22-09

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 align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>JEFF HOSKINSON</u> Mailing Address: <u>862 Percy Willis Rd.</u> <u>Hollandale MS 38748</u> City State Zip Code Telephone No. () _____</p>		<p align="center">Well or Borehole Location</p> <p>Latitude: <u>33° 07' 17.6"</u> Longitude: <u>090° 54' 04.4"</u> Method of Lat/Long (circle one): Conventional Survey, <u>GPS</u> USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS <u>SE 1/4 NE 1/4 Sec 27 Twn 15N Rng 7W</u> Distance Direction Nearest Town <u>1 1/2 Miles West of Percy</u></p>	
<p align="center">Well / Borehole Data</p> <p>Date drilling started: <u>7-21-09</u> Date drilling completed: <u>7-22-09</u> Hole depth: <u>560</u> Hole diameter: <u>7 7/8 x 5 1/8</u> Location of the source of any surface water used for drilling: <u>Well on site</u> Method of dosing and volume of Chlorine used in drilling and development: <u>ATH</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i></p>			
<p>Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>42</u> feet above or below (circle one) land surface Date measured: <u>7-24-09</u> Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____ Well depth: <u>520</u> Well grouted to a depth of <u>20</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix Casing length: <u>490</u> feet Casing diameter: <u>4x2</u> inches Type of casing: <u>pvc</u> Screen length: <u>30</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>pvc</u> Screen slot size: <u>1.008</u> inches Setting depth: From <u>490</u> feet to <u>520</u> feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u> Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>			

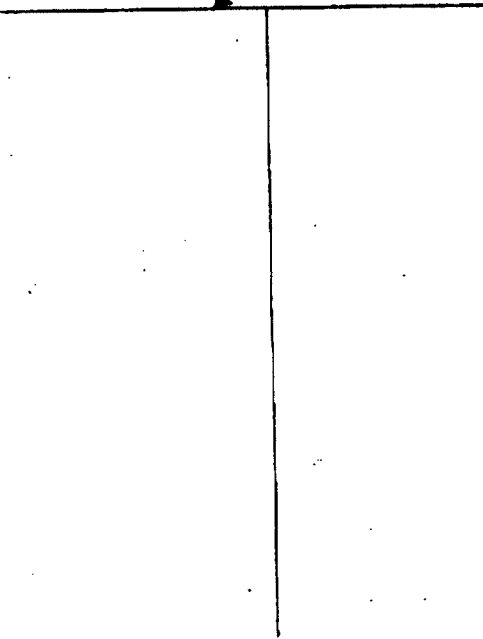
Form: OLWR-SWR-1A

0126

The sketch below only required for water wells

If well telescopes, show depths on sketch

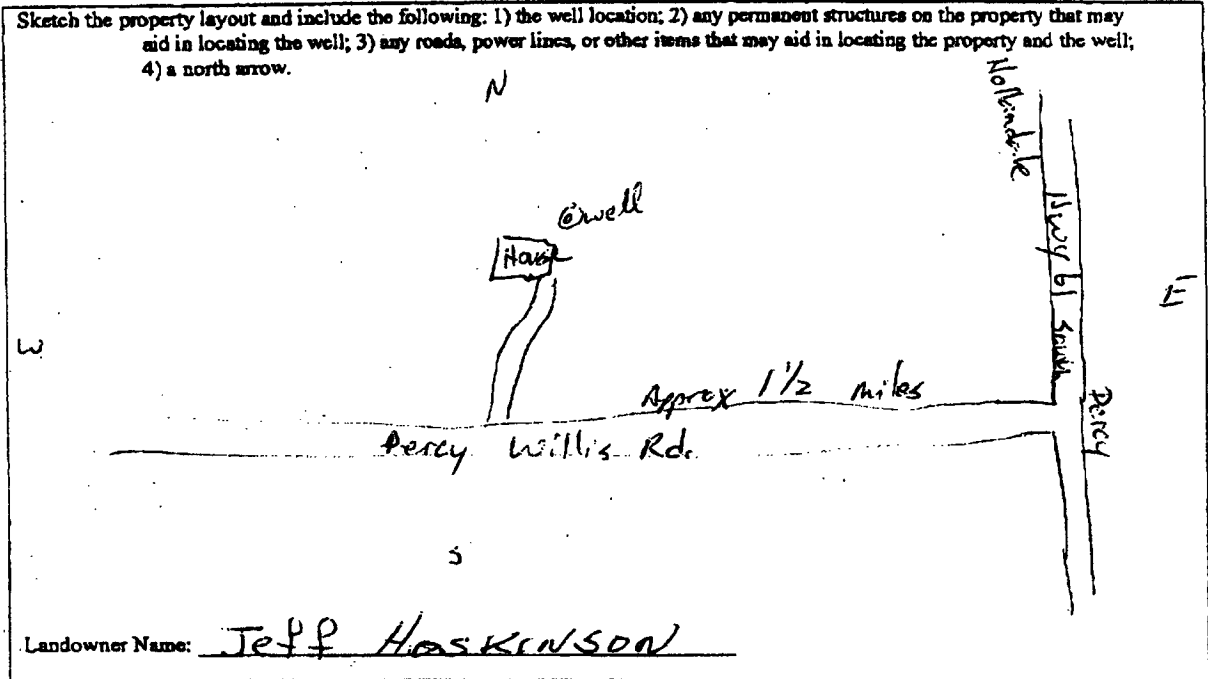
Ground Level



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	35
Sand w/ gravel	35	220
sand + clay	220	260
Clay	260	340
sandy + clay	340	460
med // sand	460	520
shale	520	540
fine sand	540	560

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



Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Charles M. Nichols 0667 8-15-09

Charles M. Nichols

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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: Washing
Permit #: _____
Driller: Charles M. Nichols
Date completed: 8-3-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: 126
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>JEFF HOSKINSON</u>	Latitude: <u>33° 07' 17.61" N</u> Longitude: <u>090° 54' 04.94" W</u>
Mailing Address: <u>862 Percy Willis Rd</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> C3
<u>Hollandale MS 38748</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 27 T 15N R 7W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1 1/2 Miles West of Percy</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>7-24-09</u>	Setting Depth: <u>120 PVC</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-24-09</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>42</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 <u>18</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>18</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Charles M. Nichols 0-0667 Charles M. Nichols
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B