

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

County: Washington
 Permit #: EW-11250
 Driller: Charles M. Nichols
 Date drilling completed: 6-30-06

For Office Use Only:
 Aquifer: _____
 Well #: P-141
 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>G+D FARMS</u>		Latitude: <u>33° 09' 08N</u>	Longitude: <u>90° 49' 34W</u>
Mailing Address: <u>Box 215</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>Chatham MS 38231</u>		USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS	
City: _____ State: _____ Zip Code: _____		<u>14 NW 14 Sec 16 Twn 15R Rng 6W</u>	
Telephone No: _____		Distance: <u>3</u> Miles	Direction: <u>SE</u> of Nearest Town: <u>Hollandale</u>

Well Data

Purpose of Well (circle one): Home Industrial Public Supply irrigation Fish Culture Other: _____

Date well drilling started: 6-30-06 Date well drilling completed: 6-30-06

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: 6-30-06

Method of Measurement (circle one): level 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): Concrete Bentonite MIX

Casing length: 90 feet Casing diameter: 10 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 10 inches Type of screen: pvc

Screen slot size: .032 inches Setting depth: From 90 feet to 130 feet

Type of completion (circle all applicable): Gravel pack 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 logs 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 Charles M. Nichols
 Print Name of Driller or Well Contractor and License No. Signature of Water Well Contractor

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Bill Schultz

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

County: Washington
Permit #: 00041230
Driller: Charles M. Nichols
Date completed: 6-30-06

For Office Use Only:
Aquifer:
Well #: P141
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: G+D FARMS, Box 215, Chatham MS 38731
Well Location: Latitude: 33° 09' 08" N, Longitude: 090° 49' 34" W
Method of Lat/Long: Conventional Survey, USGS quad: Hand-held GPS
Distance: 3 Miles SE of Hollandale

Pump Type: Submersible
Power Type: Electric Motor
Rated Pump Capacity: 1500 Gallons Per Minute
Date Pump Installed: 6-30-06
Seating Depth: 70 feet
Number of Stages: 1

Pump Test Data: Static Water Level (A): 24 Feet Below Land Surface
Method of Measuring Water Level: 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)
Signature of Pump Installer