

# State Well Report

## Part I - 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)

County: Washington  
Permit #: 610-44297  
Driller: Charles M. Nichols  
Date drilling completed: 5/24/10

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: Q 155  
L. S. Elevation: \_\_\_\_\_  
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.

| Information on Well Owner<br>(Landowner if borehole is not for a water well) | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Jason A. Smith</u>  | Latitude: <u>33° 08' 50" N</u> Longitude: <u>90° 43' 40" W</u>          |
| Mailing Address: <u>121 Fitzhugh St.</u>                                     | Method of Lat/Long (circle one): <u>5</u> Conventional Survey, <u>7</u> |
| <u>Leland MS 38756</u>   | USGS quad, Hand-held GPS, Survey-grade GPS                              |
| City State Zip Code  | <u>SE 1/4 NW 1/4 Sec 15 Twn 15N Rng 05W</u>                             |
| Telephone No. <u>662 931-2269</u>  | Distance Direction Nearest Town<br>_____ Miles _____ of _____           |

Well / Borehole Data

Date drilling started: 5/24/10 Date drilling completed: 5/24/10 Hole depth: 107 Hole diameter: 26"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
Method of dosing and volume of Chlorine used in drilling and development: HTH

Logs run (circle 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 one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_  Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

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

Static Water Level: 27 feet above or below (circle one) land surface Date measured: 5/24/10

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

Well depth: 107 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite (Mix)

Casing length: 107 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .035 inches Setting depth: From 67 feet to 107 feet

Type of completion (circle all applicable): (gravel packed) Underreamed Telescoped Open hole Natural Development  
Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe in detail*

Replacement well

RECEIVED  
Form: OLWR-SWR-1A  
JUL 07 2010  
BY: OLWR



# STATE WELL REPORT

## Part 2

County: Washington  
 Permit #: BW-44297  
 Driller: Charles M. Nichols  
 Date completed: 5/24/10  
*Copy information from block on Part 1*

**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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 9155  
 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>Jason A. Smith</u>        | Latitude: <u>33° 03' 85" N</u> Longitude: <u>90° 42' 11" W</u>                           |
| Mailing Address: <u>121 Fitzhugh St.</u> | Method of Lat/Long (check one): Conventional Survey _____                                |
| <u>Leland MS 38756</u>                   | USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| City State Zip Code                      | _____ 1/4 _____ 1/4 Sec <u>15</u> T <u>15</u> N R <u>05</u> W                            |
| Telephone No. <u>(601) 931-2269</u>      | Distance _____ Direction _____ Nearest Town _____  |
|  | _____ Miles _____ of _____   |

| Pump Type<br>Circle one                             | Power Type<br>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>40</u>                |
| Date Pump Installed: <u>5/24/10</u>                 | Setting Depth: <u>600</u> feet                        |
| Rated Pump Capacity: <u>1600</u> Gallons Per Minute | Number of Stages: <u>1 x 1 1/2</u>                    |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one           |
|---|---|
| Date Well Tested: _____                                   | Air Line      Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>27</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 _____         |
| Test Pumping Rate: _____ Gallons Per Minute               | _____ feet after _____ hours of pumping                 |
| Duration of Pump Test (minimum 4 hours): _____ hours      |   |

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

Charles M. Nichols 00667  
 Print Name of Pump Installer and License No. (if applicable)

Charles M. Nichols  
 Signature of Pump Installer

