County: Washington

Permit #: (exempt)

Driller: Charles M. Nichols

Date drilling completed: 7-25-05

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 #: R-66

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

Owner Name: Howard Newt Sons

Mailing Address: 1044 Lake Jackson Rd

Glen Allan MS 38744
City State Zip Code

Telephone No. ( )

Well Location

Latitude: 33 • 03 • 26 N Longitude: 91 • 04 • 20 W

Method of Lat/Long (circle one): Conventional Survey, USGS quad, ~~Hand-held GPS~~, Survey-grade GPS

SE ¼ SW ¼ Sec 24 Twn 14N Rng 9W

Distance 3 Miles Direction South of Nearest Town Chatham

Well Data

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

Date well drilling started: 7-25-05 Date well drilling completed: 7-25-05

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

Static Water Level: 15 feet (above) or below (circle one) land surface Date measured: 7-25-05

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

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): (Cement) Bentonite (Mix)

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .035 inches Setting depth: From 80 feet to 110 feet

Type of completion (circle all applicable): (Gravel packed) Undereamed 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 — Charles M. Nichols

Print Name of Water Well Contractor and License No. — Signature of Water Well Contractor

No pump

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BY: OLWR

40576

Howard New + Sons

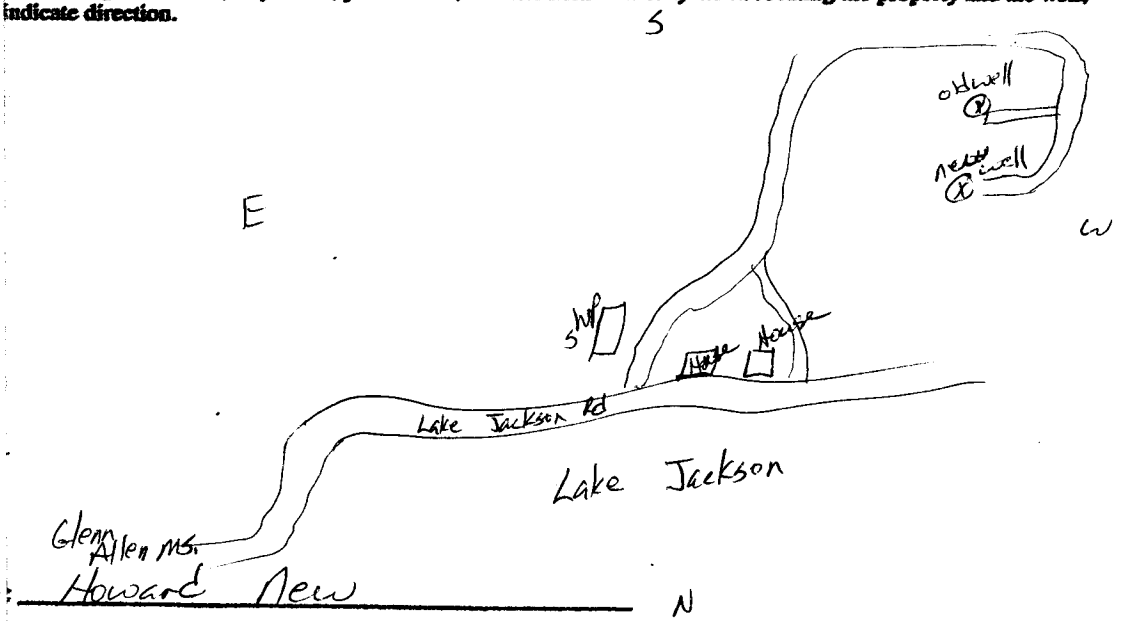
R - 66

Ground level

Description of Formations Encountered	From	To
Clay	0	75
med to coarse sand	75	80
Course sand + p-gravel	80	106
Clay	106	110

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 assist in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; and indicate direction.



Landowner Name: Howard New

Signature of Water Well Contractor

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