

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 #: GW 41094
 Driller: Charles M. Nichols
 Date drilling completed: 5-25-06

For Office Use Only:
 Aquifer: _____
 Well #: R-67
 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>Martin Myers</u>	Latitude: <u>33° 02' 14N</u>	Longitude: <u>091° 06' 32W</u>	
Mailing Address: <u>199 Bermuda Dr.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Greenville Ms. 38701</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
City _____ State _____ Zip Code _____	<u>IR 14 IR 14 Sec 9 Twn 14N Rng 9W</u>		
Telephone No: <u>662) 335-8512</u>	Distance _____	Direction _____	Nearest Town _____
	<u>5</u> Miles <u>SW</u> of <u>Chatham MS</u>		

Well Data

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

Date well drilled started: 5-25-06 Date well drilling completed: 5-25-06

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

Static Water Level: 14 ft feet above or below (circle one) land surface Date measured: 5-26-06

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

Hole depth: 105 Well depth: 105 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 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 75 feet to 105 feet

Type of completion (circle all applicable): Gravel packed Underreamed 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
 Print Name of Well Contractor and License No.

Max Nichols
 Signature of Water Well Contractor

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: Washington
Permit #: EW 41094
Driller: Charles M. Nichols
Date completed: 5-27-06

For Office Use Only:
Aquifer:
Well #: R-67
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: Martin Myers, 199 Bermuda Dr., Greenville MS, 38701, 667-335-8512
Well Location: Latitude: 33°02'14N, Longitude: 091°06'32W, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, 1/4 Sec. 9, Twn. 14N, Rng. 9W, Distance: 5 Miles SW of Chat ham MS.

Pump Type: Turbine
Power Type: Diesel Engine
Other (specify): Customers old pump.
Setting Depth: 60 feet
Number of Stages: 2

Pump Test Data:
Method of Measuring Water Level:
Static Water Level (A):
Pumping Water Level (B):
Drawdown ((B) - (A)):
Test Pumping Rate:
Duration of Pump Test (minimum 4 hours):

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