

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 #: 6W41262
 Driller: Charles M. Nichols
 Date drilling completed: 7-17-06

For Office Use Only:
 Aquifer: _____
 Well #: R-68
 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>KENDRICK PROCTOR</u>	Latitude: <u>33° 02' 53" N</u> Longitude: <u>091° 06' 02" W</u>
Mailing Address: <u>RT 1 Box 115-A</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Elev ALLEN Ms 38701</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>FR 1/4 IR 1/4 Sec 18 Twn 14N Rng 9W</u>
Telephone No: _____	Distance Direction Nearest Town <u>5 Miles West of Glenn Allen</u>

Well Data

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

Date well drilling started: 7-17-06 Date well drilling completed: 7-17-06

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

Static Water Level: 17 feet above or below (circle one) land surface Date measured: 7-17-06

Method of Measurement (circle one) steel 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): Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 100 feet to 130 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of last pipe production 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 A. Spindel
 Print Name of Driller Well Contractor and License No. Signature of Water Well Contractor

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Bill Schultz

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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)

For Office Use Only:

Aquifer:
Well #: R-68
Elevation:

County: Washington
Permit #: GW41262
Driller: Charles M. Nichols
Date completed: 7-21-06

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: Kendrick Proctor, RT1, Box 115-A, Glenn Allen MS 38744. Well Location: Latitude 33° 02' 53" N, Longitude 091° 06' 02" W. Method of Lat/Long: Conventional Survey. USGS quad: Hand-held GPS. Distance: 5 Miles west of Glenn Allen.

Pump Type: Jet, Submersible. Power Type: Electric Motor. Horse Power Rating of Motor: 10. Setting Depth: 60 feet. Number of Stages: 1. Rated Pump Capacity: 500 Gallons Per Minute.

Pump Test Data: Date Well Tested: Static Water Level (A): 17 Feet Below Land Surface. Pumping Water Level (B): Drawdown [(B) - (A)]: Test Pumping Rate: Duration of Pump Test (minimum 4 hours): Method of Measuring Water Level: Steel Tape.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Charles M. Nichols 0-0667, Signature of Pump Installer.