

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601) 961-5210
(601) 961-5228 (fax)

For Office Use Only:

Aquifer:
Well #: R87
L.S. Elevation:
E-log #:

County: Washington
Permit #: GW. 46581
Driller: Matt Nichols
Date drilling completed: 9/25/2012

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 (Landowner if borehole is not for a water well)
Owner Name: G + D Farms
Mailing Address: P.O. Box 215
Chatham MS, 38731
Well or Borehole Location
Latitude: 33° 04' 49" Longitude: 91° 06' 82"
Method of Lat/Long (check one): [X] Hand-held GPS
Distance: 4 Miles ssw of Chatham

Well / Borehole Data

Date drilling started: 09/25/2012 Date drilling completed: 09/25/2012 Hole depth: 115 Hole diameter: 24 in
Location of the source of any surface water used for drilling: farmers nearby slough
Method of dosing and volume of Chlorine used in drilling and development: 1 inch tablets
Logs run (check all applicable): [X] No log run
Purpose of borehole (check one): [X] Water Well
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one) [X] Irrigation
If flowing, method of flow regulation: Valve
Static Water Level: 15 ft feet above or below (check one) [X] land
Method of Measurement (check one) [X] steel tape
Well depth: 115 ft Well grouted to a depth of 10 feet
Casing length: 75 feet Casing diameter: 16 inches Type of casing: sch. 40 pvc
Screen length: 40 feet Screen diameter: 16 inches Type of screen: sch 40 pvc
Screen slot size: .030 inches Setting depth: From 75 feet to 115 feet
Type of completion (check all applicable): [X] Gravel packed
Top of lap pipe or reduction in casing: no feet. If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A (04/08)

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601) 961-5210
(601) 961-5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: RE7
Elevation: _____

County: Washington
Permit #: G.W. 46581
Driller: Matt Nichols
Date drilling completed: 9/28/2012
Copy information from block on Part 1

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>G + D Farms</u>	Latitude: <u>33° 04' 49"</u> Longitude: <u>91° 06' 82"</u>
Mailing Address: <u>P.O. Box 215</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Chatham MS. 38731</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>1R 1/4 1R 1/4 Sec 5 T14N R9W</u>
Telephone No. () -	Distance Direction Nearest Town
	<u>4 Miles SSW of Chatham</u>

Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>75</u>
Date Pump Installed: <u>09/28/2012</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>12</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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (check one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Charles M. Nichols 0667 Charles M. Nichols
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)