

STATE WELL REPORT

115

County: Washington
 Permit #: MS-GW 51176
 Driller: Charles M. Nichols
 Date drilling completed: 6-15-20

Part 1
Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: R 91
 Aquifer: _____
 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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Nelson / King</u>	Latitude: <u>33° 5' 44.73"</u> Longitude: <u>91° 5' 9.32"</u>
Mailing Address: <u>P.O. BOX 207</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Chatham</u> <u>MS</u> <u>38731</u>	<u>1R</u> ¼ <u>1R</u> ¼, Sec. <u>15</u> T <u>14N</u> R <u>9W</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data

Date drilling started: 6-15-20 Date drilling completed: 6-15-20 Hole depth: 110 Hole diameter: 24

Location of the source of any surface water used for drilling: lake

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check all applicable): 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) _____

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If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 13 feet above or below land surface Date measured: 6-15-20
(check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____

Well depth: 110 Well grouted to a depth of: 15 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 70 feet to 110 feet

Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

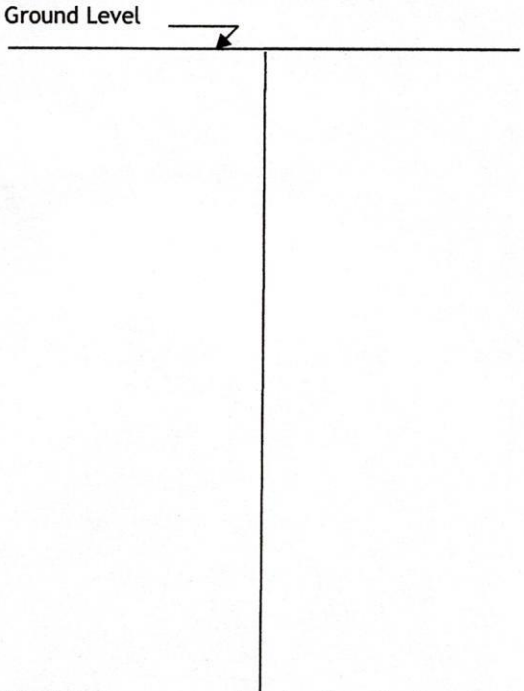
If telescoped or more than one screen, describe on next page

County: Washington
 Permit #: _____

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Sandy Clay	Ground level	10
Clay	10	20
med sand	20	40
fine sand	40	45
CS - P-gravel	45	70
CS - P-gravel / gravel	70	107

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 aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow

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Landowner Name: Nelson / King

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Charles m. Nichols 0607 6-23-20 Charles M. Nichols

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: R 91

Aquifer: _____

County: Washington
Permit #: MS 620 51176
Driller: Charles m. nichols
Date completed: 6-15-20
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>Nelson / King</u>	Latitude: <u>33°54.73</u> Longitude: <u>91°5'9.32</u>
Mailing Address: <u>P.O. BOX 207</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Chatham</u> <u>MS</u> <u>38731</u>	<u>1R</u> ¼ <u>1R</u> ¼, Sec <u>15</u> T <u>14N</u> R <u>9W</u>
City State Zip Code	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 6-16-20 Rated Pump Capacity: 2200 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

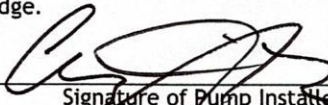
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (check one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Charles z. nichols 8221 6-23-20 


Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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Untitled Map

Write a description for your map.

Legend

 Robert Earl McClendon

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 nelson king

Westside Lake Washington Rd

Southern Star

Eastside Lake Washington Rd

Google Earth

© 2020 Google

1000 ft



Permit Number - MS-GW-51176
Washington County, Mississippi

Dear Mr. King,

The Mississippi Department of Environmental Quality (MDEQ) has reviewed your request for an emergency authorization to drill a water well in association with the pending groundwater withdrawal permit MS-GW-51176. Currently this permit is pending, due to the 10 day public comment period. It was stated that the pump associated with your surface water withdrawal permit (MS-SW-00200) in Lake Washington has failed and that there are additional issues with the plumbing that will take additional time to complete. Given this was an unforeseen event, MDEQ will grant the emergency authorization to drill and withdraw groundwater at the proposed location. Please be advised that if there are adverse comments received concerning this withdrawal permit, MDEQ may not issue this permit and you will be required to plug and abandon this water well. Also, if this water well and the surface water intake are used conjunctively in the future, the permitted volume of water applied to the assigned acreage for a particular beneficial use or crop type cannot be exceeded. If you have any questions or comments please feel free to contact me at (601) 961-5775.

Sincerely,



Chris Hawkins, P.E., Division Chief
Permitting, Certification and Compliance Division

Cc: Kristen Sorrell, MDEQ
Cc: Dillard Melton, YMD

OFFICE OF LAND AND WATER RESOURCES
POST OFFICE BOX 2309 • JACKSON, MISSISSIPPI 39225-2309 • TEL: (601) 961-5200 • FAX: (601) 961-5228 • www.deq.state.ms.us
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