

Nichols  
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 #: 6W41264  
Driller: JOHN NEWCOME 0-773  
Date drilling completed: 7-22-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: 5-150  
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>P. ESPERANZA PLTN.</u>	Latitude: <u>33° 03' 50"</u> Longitude: <u>90° 56' 39"</u>
Mailing Address: <u>C/O NEIL NICHOLS</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>PO Box 286</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>CLLEN ALLEN, MS. 38744</u>	<u>SE</u> <u>NW</u> <u>NE</u> <u>SW</u> 1/4 Sec <u>417</u> Twn <u>14N</u> Rng <u>7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone: <u>662-839-5692</u>	<u>2.4</u> Miles <u>EAST</u> of <u>Ya200 Wildlife mg. Area</u>

Well Data

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

Date well drilling started: 7-22-06 Date well drilling completed: 7-22-06

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 7-22-06

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

Hole depth: 104 Well depth: 102 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 68 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 34 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 66-80 feet to 82-102 feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe or 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 the 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.

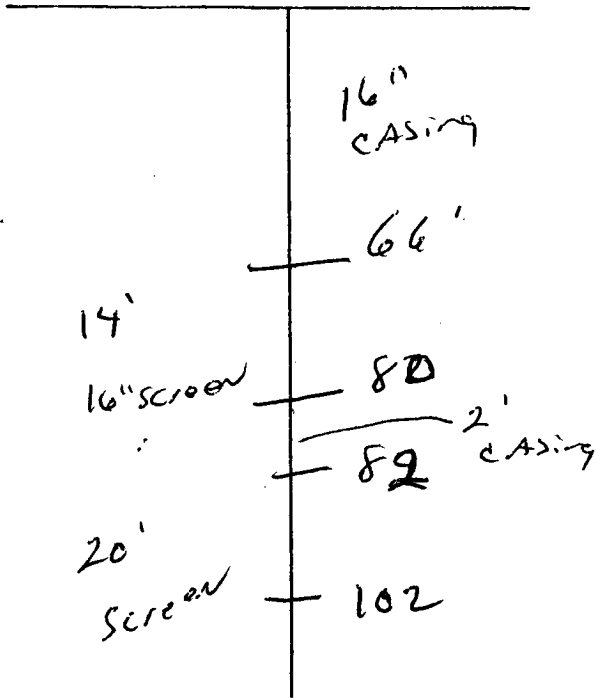
JOHN NEWCOME 0-773  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

RECEIVED  
AUG 15 2006  
BY: OLWR

If well telescopes please sketch below and show depths.

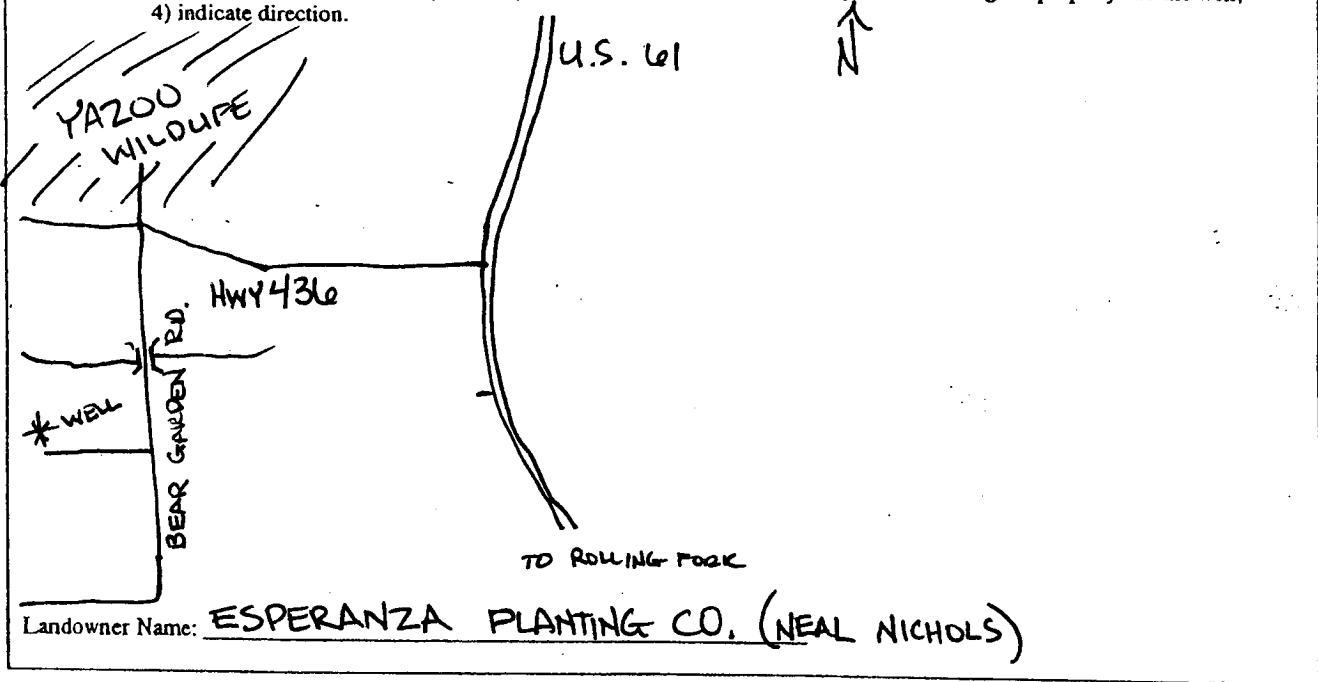
Ground Level

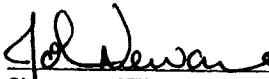


Description of Formations Encountered	From	To
Top Soil	0	10
Mix Clay	10	38
Fine Sand	38	66
Med Coarse Sand	66	80
Fine Sand	80	82
Coarse Sand	82	102
Gray Clay	102	104

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) indicate direction.



  
 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 #: CW 41264  
 Driller: JOHN NEWCOME 0-773  
 Date completed: 7-22-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 5-150  
 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	Well Location
Owner Name: <u>ESPERANZA PLTN.</u>	Latitude: <u>33-03-50</u> Longitude: <u>090-56-39</u>
Mailing Address: <u>C/O NEIL NICHOLS</u> <u>PO Box 286</u> <u>GLEN ALLEN, MS 38744</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>4</u> Twn <u>14N</u> Rng <u>7W</u>
Telephone No: <u>662-839-5692</u>	Distance: <u>2.4</u> Miles Direction: <u>E</u> Nearest Town: <u>YAZOO WILDLIFE MANAG. AREA</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket: Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-23-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>2-STAGE 10"</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ 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)]: <u>NO TEST</u> 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	

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

GLEN ROWS #710-P \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
 AUG 15 2006  
 BY: OLWR