

Jan 4-12-11

### State Well Report

#### Part I - Driller's Log

County: Yazoo  
 Permit #: MS-6W-44573  
 Driller: Charles M. Nichols  
 Date drilling completed: 3-23-11

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: V III  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 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.

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well)		<b>Well or Borehole Location</b>	
Owner Name: <u>Tadpole Properties</u>		Latitude: <u>32° 36' 23" N</u> Longitude: <u>90° 35' 39" W</u>	
Mailing Address: <u>P.O. Box 1349</u>		Method of Loc/Long (circle one): Conventional Survey,	
<u>Jackson MS 39215</u>		USGS quad: <u>Hand-held GPS</u> Survey-grade GPS	
City State Zip Code		<u>NE 1/4 NE 1/4 Sec 22 Twn 9 N Rng 4 W</u>	
Telephone No. ( ) _____		SE Distance Direction Nearest Town <u>5 Miles West of Sartoria</u>	

**Well / Borehole Data**

Date drilling started: 3-23-11 Date drilling completed: 3-23-11 Hole depth: 102 Hole diameter: 26

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

Method of dosing and volume of Chlorine used in drilling and development: HTH

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sodic 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) \_\_\_\_\_

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

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

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

Static Water Level: 17 feet above below (circle one) land surface Date measured: 3-25-11

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

Well depth: 102 Well grouted to a depth of 10 feet Type of grout (circle one): NaCl Cement Bentonite Mix

Casing length: 62 feet Casing diameter: 16 inches Type of casing: plc

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

Screen slot size: .035 inches Setting depth: From 62 feet to 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 next page*



# 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: Yazoo  
 Permit #: MS-GW-44573  
 Driller: Charles M. Nichols  
 Date completed: 3-25-11  
 Copy information from block on Part 1

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: W111  
 Elevation: \_\_\_\_\_

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>Tadpole Properties</u>	Latitude: <u>32°36.895N</u> Longitude: <u>90°35.394W</u>
Mailing Address: <u>P.O. Box 1349</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Jackson MS 39215</u> City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. ( ) _____	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
	Distance _____ Direction _____ Nearest Town _____
	<u>5 Miles West of Sartoria</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>3-25-11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2x12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>17</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shot 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	

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) Charles M. Nichols  
 Signature of Pump Installer  
 Form: OLWR-SWR-1B