

Form 4-12-11

### State Well Report

#### Part 1 - Driller's Log

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-GLW-44570  
 Driller: Charles M. Nichols  
 Date drilling completed: 3-19-11

For Office Use Only:  
 Aquifer: U112  
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Tadpole Properties</u>	Latitude: <u>32° 36' 40" N</u> Longitude: <u>90° 36' 02" W</u>
Mailing Address: <u>PO BOX 1349</u>	Method of Lat/Long (circle one): <u>28</u> Conventional Survey, <u>01</u>
<u>Jackson</u> <u>Ms.</u> <u>39215</u>	USGS quad: <u>SW 1/4 SW</u> Sec <u>22</u> Twp <u>9 N</u> Rng <u>4 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>5</u> Miles <u>ALW</u> of <u>Sartoria</u>

Well / Borehole Data

Date drilling started: 3-19-11 Date drilling completed: 3-19-11 Hole depth: 121 Hole diameter: 26 in

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

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

Logs run (circle all applicable): NO 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) \_\_\_\_\_

*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 or below (circle one) land surface Date measured: 3-21-11

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite MIX

Casing length: 80 feet Casing diameter: 16 inches Type of casing: MC

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

Screen slot size: .035 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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*



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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)

County: Yazoo  
 Permit #: MS-GW-44570  
 Driller: Charles M. Nichols  
 Date completed: 3-14-11  
 Copy information from block on Part 1

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: U112  
 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° 36.469N</u>	Longitude: <u>90° 36.029W</u>	
Mailing Address: <u>P.O. Box 1349</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>		
<u>Jackson MS. 39215</u>	USGS quad _____	Hand-held GPS <input checked="" type="checkbox"/>	Survey-grade GPS <input type="checkbox"/>
City State Zip Code	Distance _____	Direction _____	Nearest Town _____
Telephone No. ( ) _____	<u>5 Miles NW of Sartoria</u>		

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	<u>Diesel Engine</u>	Gasoline Engine	Natural Gas
Bucket	Piston	<u>Turbine</u>	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>60</u>		
Date Pump Installed: <u>3-22-11</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>2500</u> Gallons Per Minute			Number of Stages: <u>2 X 12</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____	Static Water Level (A): <u>17</u> Feet Below Land Surface	Air Line	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): _____ Feet Below Land Surface	Drawdown [(B) - (A)]: _____ Feet Below Land Surface	<u>Steel Tape</u>	
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	For flowing well, measured shut in head: _____ feet	
		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	

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