

Jan 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-6W-44571
 Driller: Charles M. Nichols
 Date drilling completed: 3-22-11

Per Office Use Only:
 Aquifer: U114
 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 <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Tadpole Properties</u> Mailing Address: <u>P.O. Box 1349</u> <u>Jackson MS 39215</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: <u>32° 36' 21.8" N</u> Longitude: <u>90° 36' 21.8" W</u> Method of Lat/Long (circle one): Conventional Survey <u>12</u> USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/> <u>SW 1/4 S 4 W Sec 22 Twa 9 N Rng 4 W</u> Distance Direction Nearest Town <u>5 1/2 Miles West of Sartoria</u>	
Well / Borehole Data Date drilling started: <u>3-22-11</u> Date drilling completed: <u>3-22-11</u> Hole depth: <u>116</u> Hole diameter: <u>26</u> Location of the source of any surface water used for drilling: <u>Creek</u> Method of dosing and volume of Chlorine used in drilling and development: <u>ATH</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>			
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture <input checked="" type="checkbox"/> Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>17</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>3-23-11</u> Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ Well depth: <u>116</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Near <u>Cement</u> Bentonite <u>Mix</u> Casing length: <u>76</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>pvc</u> Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>pvc</u> Screen slot size: <u>.035</u> inches Setting depth: From <u>76</u> feet to <u>116</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>			

44571?

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-6W-44572
 Driller: Charles M. Nichols
 Date completed: 3-23-11
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: U14
 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' 26" N</u>	Longitude: <u>90° 36' 28" W</u>	
Mailing Address: <u>P.O. Box 1349</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> Survey-grade GPS <input checked="" type="checkbox"/>		
<u>Jackson Ms. 39251</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____		
Telephone No. () _____	Distance	Direction	Nearest Town
	<u>5 1/2 Miles</u>	<u>West</u>	<u>Satartia</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>3-23-11</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 <u>Steel Tape</u>
Pumping Water Level (B): _____ Feet Below Land Surface	Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Other (specify): _____	
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	For flowing well, measured shot 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

Form: OLWR-SWR-1B