

Jan 17 08 02:36p

Bill Schultz

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County: Bolivar
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 1-9-08

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)

For Office Use Only:
 Aquifer: _____
 Well #: C-163
 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>Dr William Wilson</u>	Latitude: <u>33° 57' 58.6" N</u> Longitude: <u>090° 59' 39.2" W</u>
Mailing Address: <u>280 Westover Dr</u> <u>Clarksdale Ms. 38614</u>	Method of Lat/Long (circle one): Conventional Survey, <u>23</u>
City _____ State _____ Zip Code _____	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(662) 624-5374</u>	<u>1R</u> 1/4 SW 1/4 Sec <u>1</u> Twp <u>24N</u> Rng <u>8W</u>
	Distance <u>1R</u> Direction _____ Nearest Town _____
	<u>2 1/2</u> Miles <u>NW</u> of <u>Gunnison</u>

Well / Borehole Data

Date drilling started: 1-8-08 Date drilling completed: 1-9-08 Hole depth: 440 Hole diameter: 7 7/8 x 5 5/8

Location of the source of any surface water used for drilling: Well water
 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 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, ship 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: 52 feet above or below (circle one) land surface Date measured: ground level

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

Well depth: 430 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Plug Bentonite Mix

Casing length: 410 feet Casing diameter: 4.2 inches Type of casing: pvc

Screen length: 20 feet Screen diameter: 2 inches Type of screen: pvc

Screen slot size: .008 inches Setting depth: From 410 feet to 430 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: 180 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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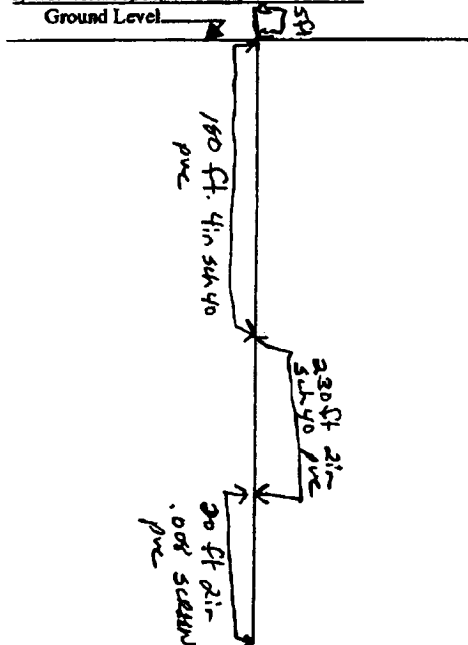
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C-16^{P.2}3

The sketch below only required for water wells

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

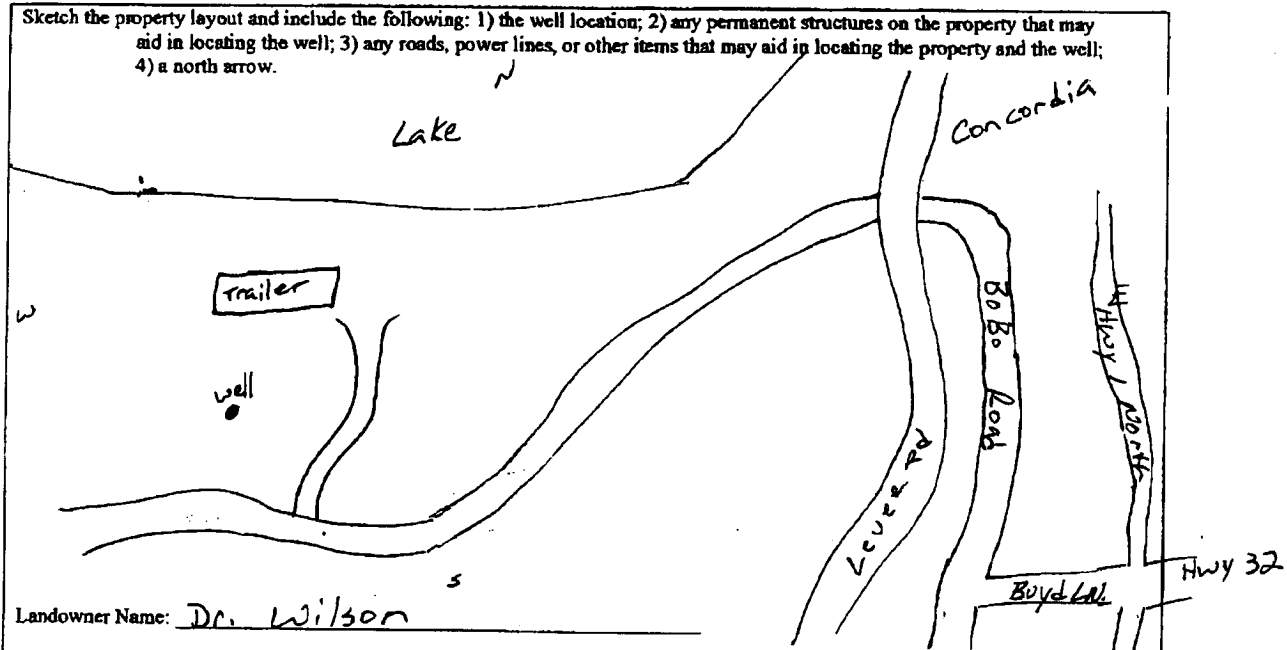
If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
sandy clay	Ground Level	25
med sand	25	80
course sand + p-gravel	80	180
clay	180	270
med sand	270	400
course sand	400	430
clay	430	440

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) a north arrow.



Form: OLWR-SWR-1A

I 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 1-16-08

Charles M. Nichols

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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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: Bolivar
 Permit #: _____
 Driller: Charles M. Nichols
 Date completed: 1-9-08
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: C-163
 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>Dr. William Wilson</u>	Latitude: <u>33°57.586N</u> Longitude: <u>090°59.392W</u>
Mailing Address: <u>280 Westover dr.</u> <u>Clarksdale Ms. 38614</u>	Method of Lat/Long (check one): Conventional Survey _____ 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. <u>(662) 624-5374</u>	Distance _____ Direction _____ Nearest Town _____ <u>2 1/2 Miles NW of Gunnison</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 Hp</u>
Date Pump Installed: <u>1-9-08</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>8</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): <u>52</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): 52 Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>18</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>18</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): 1 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) Signature of Pump Installer

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