

County: Bolivar
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 6-21-12

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601) 981-5210
 (601) 360-0535 (fax)

For Office Use Only:
 Well #: R 246
 Aquifer: _____
 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.

Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>Monsanto Company</u> Mailing Address: <u>P.O. Box 66900</u> <u>St. Louis</u> <u>Mo.</u> <u>63166-6900</u> <small>City State Zip code</small> Telephone No. () - _____		Well or Borehole Location 35° 55' 34.44" N 91° 04' 50.16" W Latitude: <u>33° 35.571' N</u> Longitude: <u>91° 04.840' W</u> Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS <u>NE 1/4 SE 1/4, Sec 13 T 20N R 9W</u> _____ Miles _____ of <u>Scott</u> <small>(Distance) (Direction) (Nearest Town)</small>	
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Well / Borehole Data

Date drilling started: 6-21-12 Date drilling completed: 6-22-12 Hole depth: 60 Hole diameter: 7 7/8 x 5 5/8

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

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

Logs run (check 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 all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): Green Houses

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

Static Water Level: 64 feet above or below land surface Date measured: 6-21-12
(check one)

Method of Measurement (check one) Steel tape Electric tape Air line Other: (describe) _____

Well depth: 600 Well grouted to a depth of: 20 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 570 feet Casing diameter: 4x3 inches Type of casing: pvc

Screen length: 30 feet Screen diameter: 3 in inches Type of screen: pvc

Screen slot size: .008 inches Setting depth: From 570 feet to 600 feet

Type of completion (check all applicable): Gravel packed Underreamed 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

Form: OLWR-SWR-1A (4/13)

33.5929
-91.0866

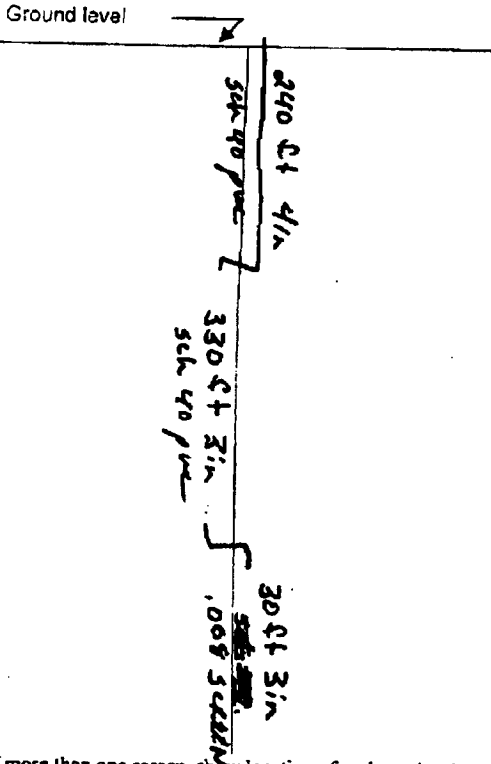
County: Bolivar
 Permit #: _____

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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)
clay	Ground level	20
sand	20	80
sand + gravel	80	111
clay	111	395
fine sand	395	540
med sand	540	580
course sand	580	600
fine sand	600	620

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

Landowner Name: Monanto

I HEREBY 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.

Print Name of Responsible Licensee and License No. Charles M. Nichols 667 Date 4-11-14 Signature of Licensee Charles M. Nichols

County: Bolivar
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 6-22-12
Copy information from block on Part 1

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601) 961-5210
 (601) 360-0535 (fax)

For Office Use Only:
 Well #: R 246
 Aquifer: _____

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

Owner Name: Monsanto Company
 Mailing Address: P.O. Box 66900
St Louis Mo. 63166-6900
 City State Zip code
 Telephone No. () - -

Well Location 33° 35' 34.44" N 91° 4' 50.16" W
 Latitude: 33° 35.5794 N Longitude: 91° 04.8904 W
 Method of Lat/Long (check one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SE 1/4, Sec 13 T 70N R 9W
0 Miles 0 of Scott
 (Distance) (Direction) (Nearest Town)

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed 8-8-12 Rated Pump Capacity: 45 gpm Gallons Per Minute
 Is This Pump (check one): New Repaired Replacement

Power Type (check one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 3 Hp. Setting Depth: 126 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 8-8-12 Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): 64 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
 Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

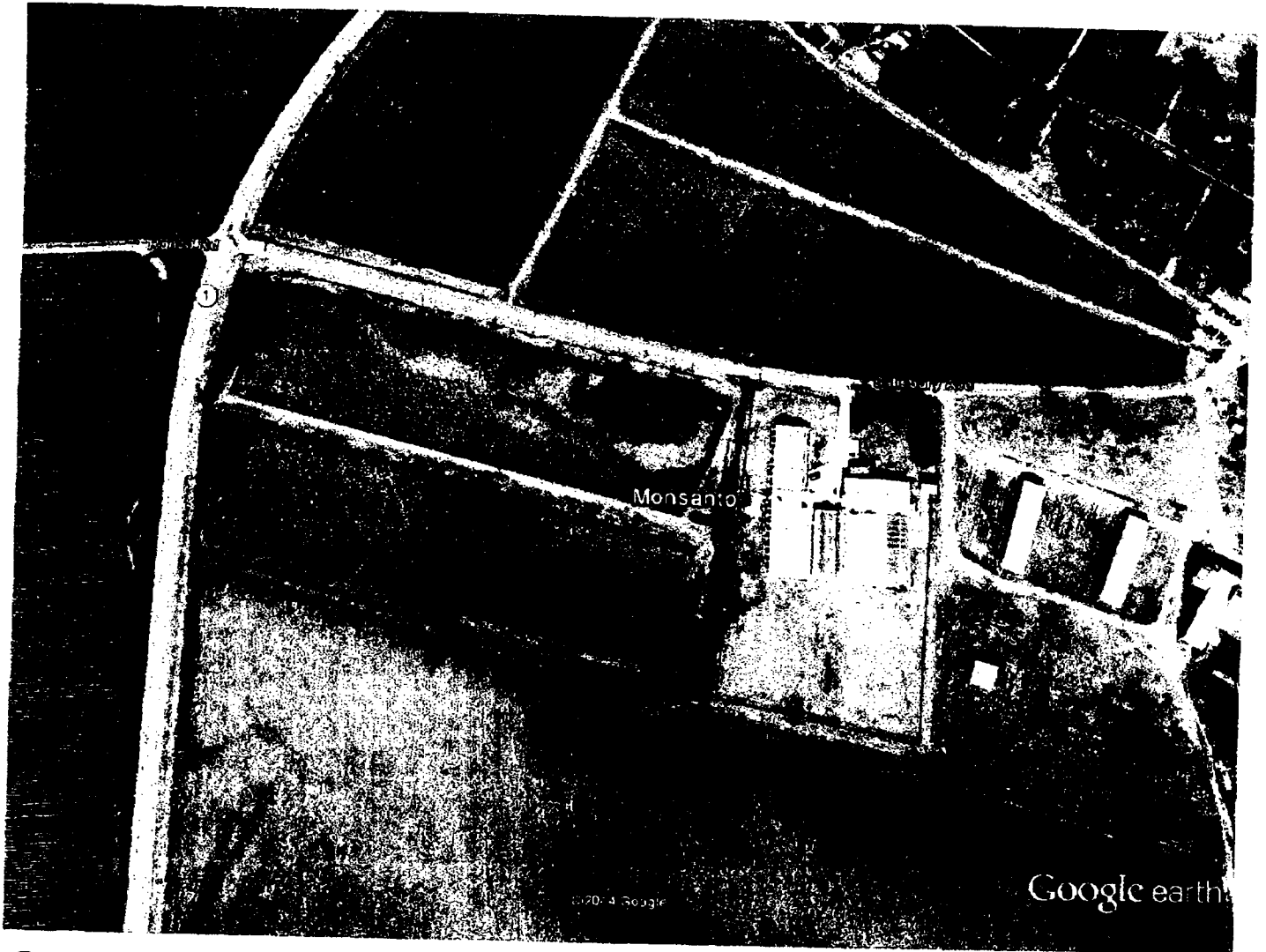
Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 Is This Meter (check one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Charles M. Nichols 667 4-11-14 Charles M. Nichols
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
 Form: OLWR-SWR-1B (4/13)



Google earth

