

#3

County: Desoto
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 11-11-10

State Well Report
Part I - 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: E 128
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well) Owner Name: <u>DESOTO CO. REGIONAL UTILITY AUTHORITY</u> Mailing Address: <u>365 Loshe St.</u> <u>Suite 310</u> <u>HERNANDO MS 38632</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location Latitude: <u>34° 55' 03" N</u> Longitude: <u>90° 09' 02" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 Sec 16 Twn 25 Rng 9W</u> Distance Direction Nearest Town <u>3 Miles SE of WALLS</u></p>
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Well / Borehole Data

Date drilling started: 11-11-10 Date drilling completed: 11-11-10 Hole depth: 80 Hole diameter: 26

Location of the source of any surface water used for drilling: Johnson 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 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) De-watering
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: De-watering

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: 80 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 16 inches Type of casing: pu

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

Screen slot size: .035 inches Setting depth: From 40 feet to 80 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*

S. J. Lewis's CONSTR.

Form: OLWR-SWR-1

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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: Desoto

Permit #: _____

Driller: Charles M. Nichols

Date completed: 11-13-10

Copy information from block on Part 1

For Office Use Only:

Aquifer: _____

Well #: _____

Elevation: _____

#3

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>DESOTO CO. REGIONAL UTILITY AUTHORITY</u>	Latitude: <u>34° 35.054' N</u> Longitude: <u>090° 09.102' W</u>
Mailing Address: <u>365 Loshie St.</u> <u>Suite 310</u> <u>HERNANDO MS 38632</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: _____	Distance: _____ 1/4 Sec _____ 1/4 Sec _____ T _____ R _____
Telephone No. () _____	Direction: _____ Nearest Town: <u>WALLS</u>
	<u>3</u> Miles <u>SE</u> of <u>WALLS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>Generator</u>
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>11-13-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1900</u> Gallons Per Minute	Number of Stages: <u>1</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): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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 Charles M. Nichols
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Form 1

JAN 18 2011

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