

State Well Report

Part 1

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 #: H-89
L. S. Elevation: _____
E-log #: _____

County: Humphreys
Permit #: GW41646
Driller: Charles M. Nichols
Date drilling completed: 4-5-07

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Parker Farm Co</u>	Latitude: <u>33° 04' 46" N</u> Longitude: <u>090° 37' 19" W</u>
Mailing Address: <u>P.O. Box 396</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Midnight MS 39115</u>	USGS quad: <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 9 Twn 14N Rng 4W</u>
Telephone No. _____	Distance Direction Nearest Town <u>4 Miles NW of Midnight</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>4-5-07</u> Date well drilling completed: <u>4-5-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>28</u> feet above or below (circle one) land surface Date measured: <u>4-11-07</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>109</u> Well depth: <u>109</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite <u>Mix</u>	
Casing length: <u>69</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>69</u> feet to <u>109</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
I certify that this well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	
<u>Bill Coppage 0-422</u>	<u>Charles M. Nichols</u>
Print Name of Well Contractor and License No.	Signature of Water Well Contractor
	<u>sub-contractor 0-0667</u>

H-89

Ground water

6W41646

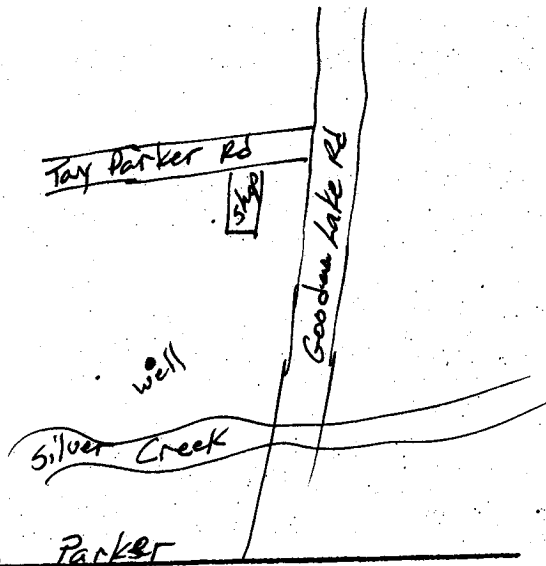
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	20
fine sand	20	30
med sand	30	50
med to coarse sand	50	80
coarse sand + gravel	80	109
cemented gravel	109	

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; indicate direction.



Landowner Name

Leon Parker

Bill Coppage - Mast Nichols
Signature: Water Well Contractor

SHALE WELL RETURN

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)961-3210
 (601)354-6938 (fax)

For Office Use Only:

Acquifer: _____

Well #: H-89

Elevation: _____

County: Humphreys
 Permit #: GW 41646
 Driller: Charles M. Nichols
 Date completed: 4-5-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information		Well Location	
Owner Name: <u>Parker Farm & Co</u>	Latitude: <u>33° 04' 46 N</u>	Longitude: <u>090° 37' 19 W</u>	
Mailing Address: <u>P.O. Box 396</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Midnight MS 39115</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS		
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>9</u> Twn <u>14 N</u> Rng <u>4 W</u>		
Telephone No.: _____	Distance: <u>4</u> Miles	Direction: <u>NW</u>	Nearest Town: <u>Midnight</u>

	Pump Type Circle one		Power Type Circle one		
	Air Lift	<input type="checkbox"/> Jet	<input type="checkbox"/> Submersible	<input type="checkbox"/> Diesel Engine	<input type="checkbox"/> Gasoline Engine
Bucket	<input type="checkbox"/> Piston	<input checked="" type="checkbox"/> Turbine	<input type="checkbox"/> Electric Motor	<input type="checkbox"/> Hand	<input checked="" type="checkbox"/> Tractor PTO
Centrifugal	<input type="checkbox"/> Rotary	<input type="checkbox"/> Flowing Well	<input type="checkbox"/> Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>60</u>		
Date Pump Installed: <u>4-11-07</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>2000</u> Gallons Per Minute			Number of Stages: <u>1</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____		<input type="checkbox"/> Air Line	<input type="checkbox"/> Electric Measuring Line
Static Water Level (A): <u>28</u> Feet Below Land Surface		<input checked="" type="checkbox"/> <u>Steel Tape</u>	
Pumping Water Level (B): _____ Feet Below Land Surface		Other (specify): _____	
Drawdown ((B)-(A)): _____ Feet Below Land Surface		For flowing well, measured static head: _____ feet	
Test Pumping Rate: <u>2000</u> 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
 Print Name of Pump Installer and License No. (if applicable)

Charles M. Nichols
 Signature of Pump Installer