

Apr 27 06 09:45a

Bill Schultz

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p. 1

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 #: A-113
 L. S. Elevation: _____
 E-log #: _____

County: Issaquena
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 3-29-06

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>Need More Fisheries</u> | Latitude: _____ " Longitude: _____ " | Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS | |
| Mailing Address: <u>Glen Allen Ms. 38744</u> | <u>SW 1/4 NW 1/4 Sec 4 Twn 13N Rng 8W</u> | | |
| City _____ State _____ Zip Code _____ | Distance _____ Miles | Direction <u>SE</u> | Nearest Town <u>Glen Allen</u> |
| Telephone No. _____ | Well Data | | |
| Purpose of Well (circle one): <u>Fish Culture</u> | Other: <u>Fish Hatchery</u> | | |
| Date well drilling started: <u>3-29-06</u> | Date well drilling completed: <u>3-29-06</u> | | |
| If flowing, method of flow regulation: <u>Valve</u> | Other (describe): _____ | | |
| Static Water Level: <u>22</u> feet above or below (circle one) land surface | Date measured: <u>3-29-06</u> | | |
| Method of Measurement (circle one): <u>steel tape</u> | electric tape air line other: _____ | | |
| Hole depth: <u>420</u> Well depth: <u>420</u> | Well grouted to a depth of <u>10</u> feet | | |
| Type of grout (circle one): <u>Cement</u> | Bentonite Mix | | |
| Casing length: <u>390</u> feet Casing diameter: <u>4 X 3</u> inches | Type of casing: <u>pvc</u> | | |
| Screen length: <u>30</u> feet Screen diameter: <u>3</u> inches | Type of screen: <u>pvc</u> | | |
| Screen slot size: <u>1008</u> inches | Setting depth: From <u>390</u> feet to <u>420</u> feet | | |
| Type of completion (circle all applicable): <u>Natural Development</u> | Gravel packed Underreamed Telescoped Open hole | | |
| Other (describe): _____ | | | |
| Top of lap pipe reduction in casing: <u>200</u> feet | If telescoped or more than one screen, describe on back of page | | |
| Logs run (circle all 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>Matt Nichols</u> 0-0667 | <u>Matt Nichols</u> | | |
| Print Name of Well Contractor and License No. | Signature of Water Well Contractor | | |

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 BY: OLWR

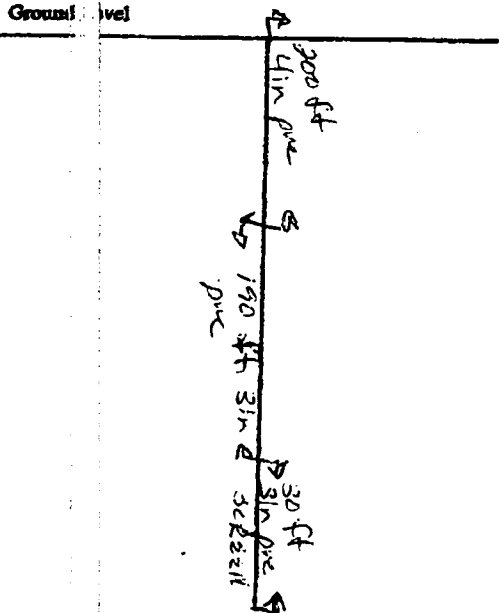
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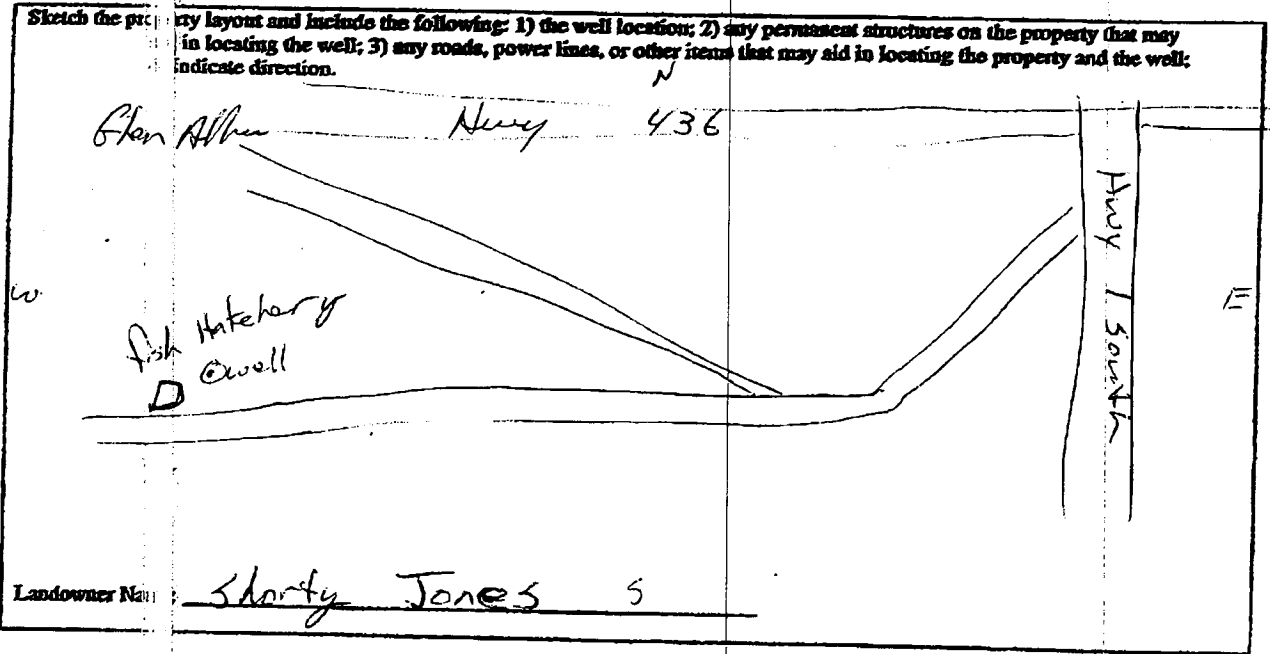
p.2

A-113



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| CLAY | 0 | 15 |
| SAND w/ p-gravel | 15 | 114 |
| CLAY | 114 | 220 |
| SAND | 220 | 300 |
| CLAY w/ NG SAND | 300 | 470 |
| | | 470 |
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If more than one screen, show location of each on sketch



Signature: [Handwritten Signature] Water Well Contractor

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p. 3

STATE 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:

Aquifer:
Well #: A-113
Elevation:

County: Issaquena
Permit #:
Driller: Matt Nichols
Date completed: 4-4-06

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: Need Moore Fisheries, Glen Allen MS, 38744
Well Location: Latitude, Longitude, Method of Lat/Long, USGS quad, Hand-held GPS, Survey-grade GPS, SW 1/4 NW 1/4 Sec 4 Twn 13N Rng 8W, Distance 3 Miles SE of Glen Allen

Pump Type: Jet, Submersible
Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO
Horse Power Rating of Motor: 7 1/2
Setting Depth: 120 feet
Number of Stages:

Pump Test Data: Date Well Tested, Static Water Level (A): 22 Feet Below Land Surface, Pumping Water Level (B):, Drawdown [(B)-(A)]:, Test Pumping Rate: Gallons Per Minute, Duration of Pumping Test (minimum 4 hours): hours
Method of Measuring Water Level: Circle one: Air Line, Electric Measuring Line, Steel Tap

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Matt Nichols 0-0667
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer

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