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Bill Schultz

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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)

County: Issaquena
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 3-30-06

For Office Use Only:
 Aquifer: _____
 Well #: A-114
 L. S. Elevation: _____
 E-log #: _____

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:	_____ " _____ "	
Mailing Address:	<u>Glen Allen MS, 38744</u>		Method of Lat/Long (circle one):	<u>Conventional Survey</u>	
	_____			<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>	
	_____			<u>SW 1/4 NW 1/4 Sec 4 Twn 13 N Rng 9 W</u>	
City	State	Zip Code	Distance	Direction	Nearest Town
			<u>3</u> Miles	<u>SE</u> of	<u>Glen Allen</u>
Telephone No:	_____				

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: Fish Hatchery

Date well drilling started: 3-30-06 Date well drilling completed: 3-30-06

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 3-30-06

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

Hole depth: 420 Well depth: 420 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 390 feet Casing diameter: 4x3 inches Type of casing: pvc

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

Screen slot size: 100% inches Setting depth: From 390 feet to 420 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe reduction in casing: 200 feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run 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.

Matt Nichols 0-0667
 Print Name of Well Contractor and License No.

Matt Nichols
 Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer:
Well #: A-114
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 and Well Location section containing fields for Owner Name (Need Moore Fisheries), Mailing Address (Glen Allen MS, 38744), City, State, Zip Code, Telephone No., Latitude, Longitude, Method of Lat/Long (Conventional Survey), USGS quad, Hand-held GPS, Survey-grade GPS, Distance (3 Miles SE), and Nearest Town (Glen Allen).

Pump Type and Power Type section containing selection options for Pump Type (Jet, Submersible, Piston, Turbine, Centrifugal, Rotary, Flowing Well) and Power Type (Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other), along with fields for Date Pump Installed (4-4-06), Rated Pump Capacity (120 Gallons Per Minute), and Setting Depth (170 feet).

Pump Test Data and Method of Measuring Water Level section containing fields for Date Well Tested, Static Water Level (22 Feet Below Land Surface), Pumping Water Level, Drawdown, Test Pumping Rate, Duration of Pump Test, Method of Measuring Water Level (Steel Tape), and Well yielded information.

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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