

Apr 16 08 10:38a

Bill Schultz

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State Well Report Part 1 - 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: _____
Well #: A-124
L. S. Elevation: _____
E-log #: _____

County: Issaquena
Permit #: _____
Driller: Charles M. Nichols
Date drilling completed: 3-19-08

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)</p> <p>Owner Name: <u>George Mahalite</u> <u>GM FARMS</u></p> <p>Mailing Address: <u>MAHALITE RD.</u> <u>Rolling Fork MS 39159</u> City State Zip Code</p> <p>Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>32° 57.817N</u> Longitude: <u>090° 58.360W</u> <u>49</u> <u>27</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, _____</p> <p>USGS quad, <u>Hand-held GPS</u> Survey-grade GPS _____</p> <p><u>NW 1/4 NE 1/4</u> Sec <u>2A</u> Twp <u>13N</u> Rng <u>7W</u></p> <p>Distance Direction Nearest Town <u>1 1/2</u> Miles <u>South</u> of <u>Grace</u> <u>EW</u></p>
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Well / Borehole Data

Date drilling started: 3-17-08 Date drilling completed: 3-19-08 Hole depth: 1040 Hole diameter: 7 7/8 x 5 5/8

Location of the source of any surface water used for drilling: Shop Well

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) Replacement well.

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: Farm Shop

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 4-15-08

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

Well depth: 1030 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1000 feet Casing diameter: 4x3 inches Type of casing: pvc

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

Screen slot size: .008 inches Setting depth: From 1000 feet to 1030 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: 200 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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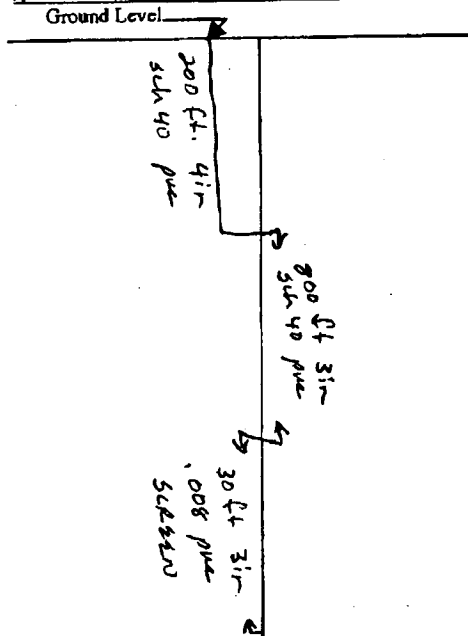
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The sketch below only required for water wells

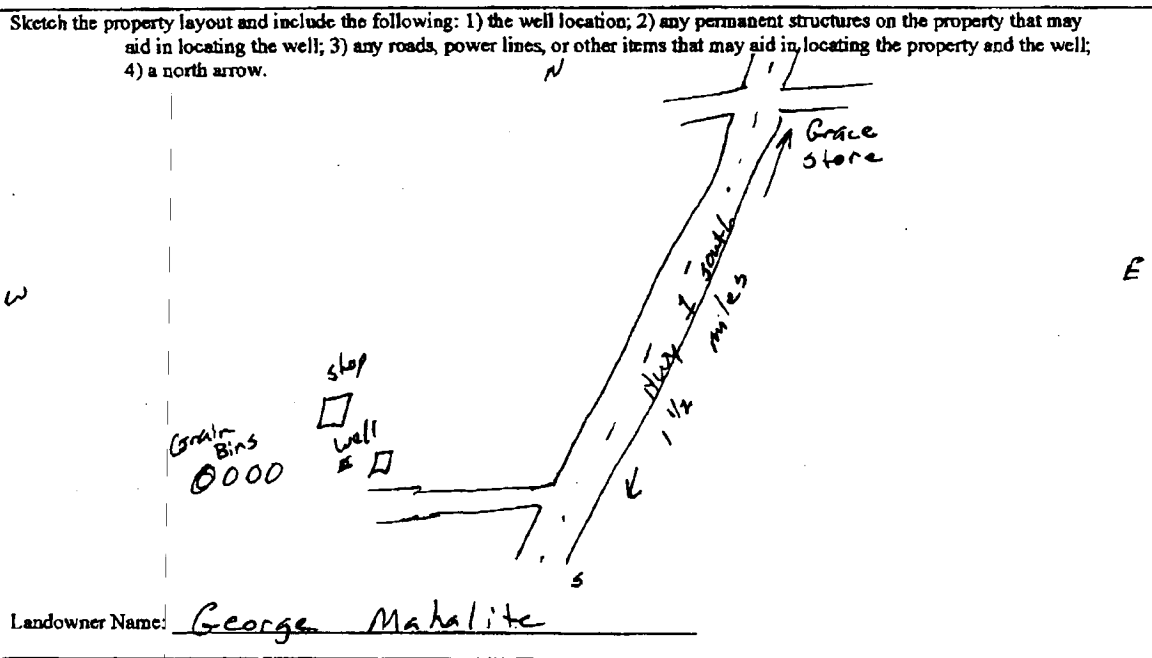
If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
clay	0	35
sand	35	60
course sand & p-gravel	60	110
clay	110	160
course to med white sand	160	197
clay	197	290
fine to med sand	290	420
clay	420	495
sandy shale	495	905
med sand	905	1000
med to course sand	1000	1040

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A

I 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.

Charles M. Nichols 00667
Print Name of Responsible Licensee and License No.

4-15-08
Date

Charles M. Nichols
Signature of Licensee

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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-124

Elevation: _____

County: Issaquena
 Permit #: _____
 Driller: Charles M. Nichols
 Date completed: 4-15-08
Copy information from block on Part 1

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>George Mahalite</u> <u>G.M. FARMS</u>	Latitude: <u>32° 57.917N</u> Longitude: <u>090° 58.360W</u>
Mailing Address: <u>MAHALITE Rd.</u> <u>Rolling Fork Ms 39159</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. () _____	Distance Direction Nearest Town <u>1 1/2 Miles South of Grace.</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 <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): <u>Customer's pump</u>	Horse Power Rating of Motor: <u>5 Hp.</u>
Date Pump Installed: <u>4-15-08</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>60 or 90?</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>45</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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

Form OLWR-SWR-18

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