

**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)

County: Issaquena
Permit #: OW-44107
Driller: Charles M. Nichols
Date drilling completed: 4/14/10

For Office Use Only:
Aquifer: _____
Well #: A137
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Kenneth Hendrix Farms</u>	Latitude: <u>32° 56' 79.6" N</u> Longitude: <u>90° 57' 24.8" W</u>
Mailing Address: <u>2928 Hwy. 434</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, Survey-grade GPS
<u>Rolling Fork MS 39159</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NN 1/4 NE 1/4 Sec 30 Twn 13N Rng 07W</u>
Telephone No. <u>(662) 907-8300</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 4/14/10 Date drilling completed: 4/14/10 Hole depth: 115' Hole diameter: 36"

Location of the source of any surface water used for drilling: _____
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) _____

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: _____

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

Static Water Level: 11 feet above or Below (circle one) land surface Date measured: _____
Method of Measurement (circle one) steel tape electric tape air line other: Water level indicator

Well depth: 115' Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 75' feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40' feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .035 inches Setting depth: From 75' feet to 115' feet

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

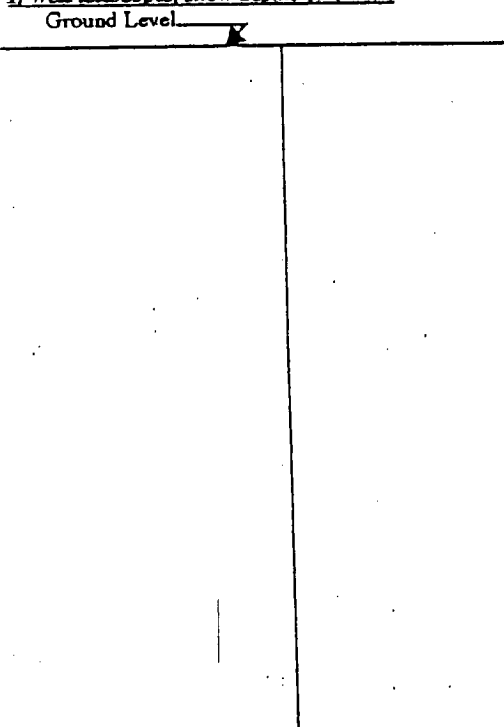
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

BY: OLWR

The sketch below only required for water wells

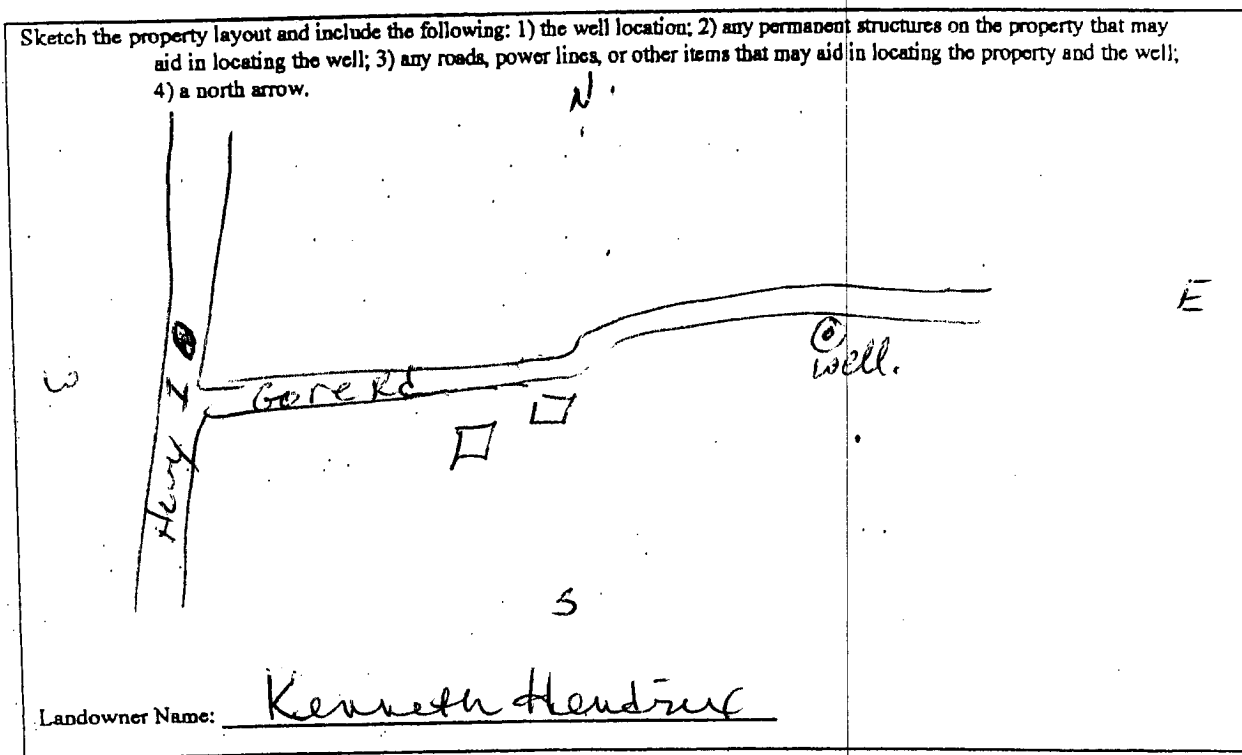
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	30
Sandy clay	30	40
Sand	40	50
fine sand	50	60
med. + coarse sand	60	70
med. sand	70	77
Coarse sand + pea gravel	77	80
coarse sand + gravel	80	115

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. Arakels 0-0667-5-27-10

Print Name of Responsible Licensee and License No. Date

Charles M. Arakels

Signature of Licensee

34-0111

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 137

Elevation: _____

County: Issaquena
Permit #: GW 44107
Driller: Charles M. Nichols
Date completed: 4/21/10
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>Kenneth Hendrix Farms</u>	Latitude: <u>33° 56' 19" N</u> Longitude: <u>90° 57' 24" W</u>
Mailing Address: <u>2928 Hwy 434</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> ⁴⁸ <input checked="" type="checkbox"/> ¹⁵
<u>Rolling Fork MS 39159</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
City _____ State _____ Zip Code _____	<u>NW 1/4 NE 1/4 Sec 30 T 13N R 07W</u>
Telephone No. <u>662 907-8300</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	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): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: _____	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1700</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>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>11</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 _____
Test Pumping Rate: _____ Gallons Per Minute	_____ 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

Form: OLWR-SWR-1B