

Journal 1-14-10

State Well Report

Part I - 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: LeFlore
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 12-3-10

For Office Use Only:
 Aquifer: L 311
 Well #: _____
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Genesee + Wyoming Inc</u>	Latitude: <u>33° 30' 24" N</u> Longitude: <u>092° 13' 19" W</u>
Mailing Address: <u>200 Meridian Centre, Suite 300 Rochester, NY 14618</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> ¹²
Telephone No.: <u>(Columbus Railroad)</u>	USGS quad: <u>SW 1/4 NW Sec 17 Twp 19N Rng 1E</u>
	Distance: <u>1/4</u> Miles Direction: <u>West</u> of Nearest Town: <u>Greenwood</u>

Well/Borehole Data

Date drilling started: 12-1-10 Date drilling completed: 12-3-10 Hole depth: 600 Hole diameter: 7 7/8 x 5 1/8

Location of the source of any surface water used for drilling: City of Greenwood

Method of dosing and volume of Chlorine used in drilling and development: _____

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: Office

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 12-3-10

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

Well depth: 460 feet Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 440 feet Casing diameter: 4 1/2 inches Type of casing: pvc

Screen length: 20 feet Screen diameter: 2 1/2 inches Type of screen: pvc

Screen slot size: .008 inches Setting depth: From 440 feet to 460 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*

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)

County: LeFlore
 Permit #: _____
 Driller: Charles M. Nichols
 Date completed: 12-3-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: _____
 Elevation: _____

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>Genesee & Wyoming Trc</u>	Latitude: <u>33° 30' 74" N</u> Longitude: <u>090° 13' 19" W</u>
Mailing Address: <u>200 Meridian Centre</u> <u>Suite 300</u> <u>Rochester Ny 14618</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. () <u>Columbus Railroad</u>	Distance Direction Nearest Town <u>1/4 Miles West of Greenwood</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2 Hp.</u>
Date Pump Installed: <u>12-3-10</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ 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 Charles M. Nichols
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer