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Bill Schultz

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### State Well Report Part I

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-125  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sharkey  
Permit #: GW 41000  
Driller: Charles M. Nichols  
Date drilling completed: 4-13-06

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>Dean Cumber</u>	Latitude: <u>33° 04' 55" N</u>	Longitude: <u>091° 51' 33" W</u>	
Mailing Address: <u>New Panther Farms</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>P.O. Box 163</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS		
<u>Panther Over MS 38765</u>	<u>SE 1/4 NW 1/4</u>	Sec <u>7</u>	Twn <u>14N</u> Rng <u>6W</u>
City _____ State _____ Zip Code _____	Distance _____ Miles	Direction _____	Nearest Town _____
Telephone No: _____			

**Well Data**

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

Date well drilling started: 4-13-06 Date well drilling completed: 4-13-06

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 4-19-06

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

Hole depth: 114 Well depth: 114 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 74 feet Casing diameter: 12 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 12 inches Type of screen: pvc

Screen slot size: 0.35 inches Setting depth: From 74 feet to 114 feet

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

Top of 1st pipe reduction in casing: \_\_\_\_\_ 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 Water Well Contractor and License No.

Matt Nichols  
Signature of Water Well Contractor

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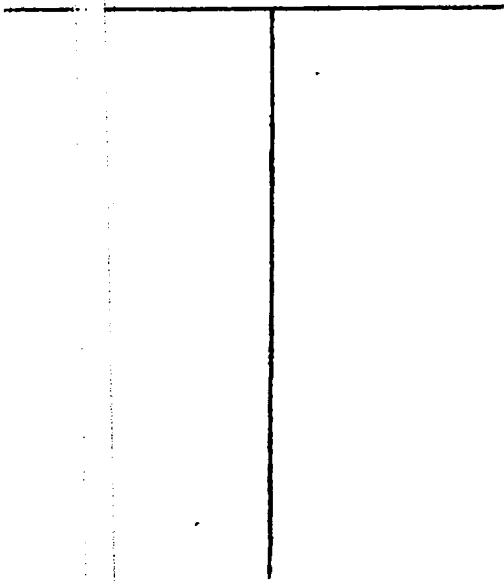
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GW41000

A-125

Ground Level



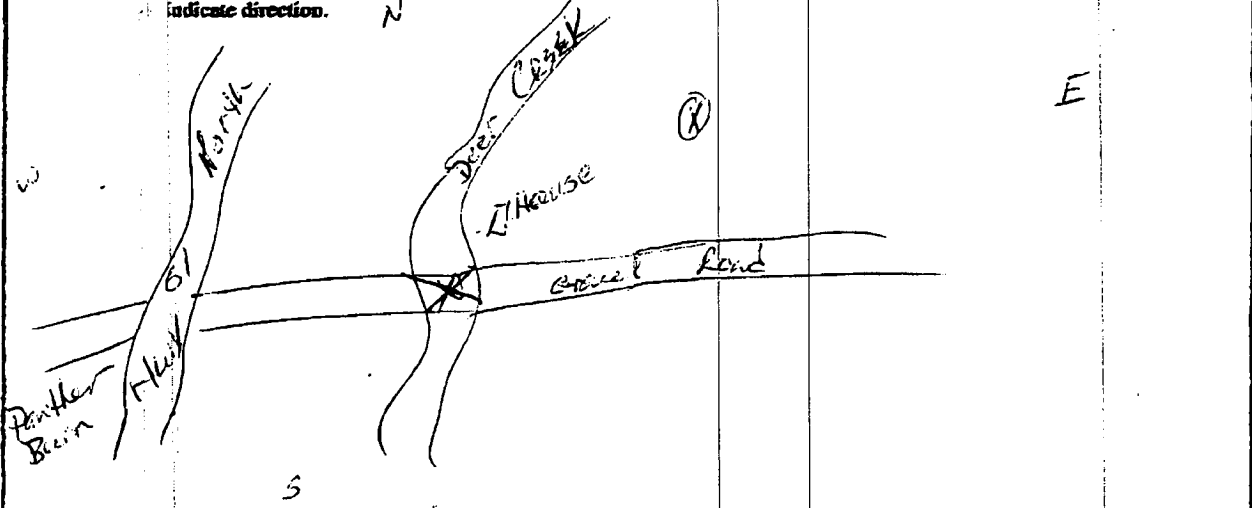
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Sandy clay	0	10
sandy clay	10	40
sandy clay	40	50
med sand	50	70
sand gravel	70	114
cemented gravel	114	

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property (that may aid in locating the well); 3) any roads, power lines, or other items that may aid in locating the property and the well; indicate direction.



Landowner Name: Dean Coimbra

Matt Schultz  
Signature: 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-125

Elevation:

County: Sharkey
Permit #: SW 41000
Driller: Charles M. Nichols
Date completed: 4-19-06

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, Mailing Address, Telephone No., Latitude, Longitude, Method of Lat/Long, USGS quad, Distance, Direction, and Nearest Town.

Pump Type and Power Type section containing selection options for Air Lift, Bucket, Centrifugal, Other, Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Horse Power Rating of Motor, Setting Depth, and Number of Stages.

Pump Test Data and Method of Measuring Water Level section containing fields for Date Well Tested, Static Water Level, Pumping Water Level, Drawdown, Test Pumping Rate, Duration of Pump Test, Air Line, Electric Measuring Line, Steel Tape, and Well yielded.

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