Apr 02 08 03:47p

Bill Schultz

3355777

	State V	Vell Report						
County: Sharkey	Part 1 _	Driller's I on	For Office Use Only:					
1	Mississippi Department of Environmental Quality		Aquifer:					
Permit #:	Office of Land	and water Resources						
Driller Charles M. Nichols		Box 10631	Well #: # - 0					
Date drilling completed: 3-12-08		MS 39289-0631 )961-5210	L. S. Elevation:					
		64-6938 (fax)	E-log #:					
		· ·						
The state of the s	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.							
Throughten an Mail	WDCT	Well or Borehole Location						
Owner Name Sharkey County			Longitude: <u>090° 50: 672</u> W					
Mailing Address: A A. Box 218		Method of Lat/Long (circle one): Conventional Survey, 40						
Willie Son	Willie Smith		USGS quad, Hand-held GPS Survey-grade GPS					
(RollingFORK)	45 39/59	NW12W 1/4 Sec 20	Two Har Rng 6 w					
(Kolling FORK MS 39/50- City State Zip Code Telephone No. 662, 807 0233		Distance Direction Nearest Town  1/2 Miles North of Nita Yuma						
	Well / Borel							
Date drilling started: 3-5-08 Date drill	ing completed: 3-12-c	8 Hole depth: 740	Hole diameter 7 1/4 × 5/					
Date drilling started: 3-5-08 Date drilling completed: 3-12-08 Hole depth: 740 Hole diameter: 778x5 %  Location of the source of any surface water used for drilling: Bruton Gin 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:								
Purpose of borehole (check one): Water Well	Geotechnical/Geolo	zical Investigation Ground S	N. A.D.					
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump  Scismic Survey Other (describe)								
If arving is not related to	water well construction	skip the remainder of this blood						
Purpose of Well (check one): Homes / Industrial Public Supply Irrigation Fish Culture Other.								
it a nowing well, method of flow regulation:	Valve Oth	er (describe)						
If a flowing well, method of flow regulation: ValveOther (describe)								
street of ineasurement (circle one) (steel tape) electric tape air line other.								
Well depth: 735 Well grouted to a depth of 20 feet Type of grout (circle one) Next Comment Next Comment								
Casing length: 695 feet Casing diameter: 4k3 inches Type of and								
inches Type of seven								
Setting depth: From 653 feet to 735 feet								
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development								
Other (describe):								
op of lap pipe or reduction in easing: 195 feet. If telescoped or more than one screen, describe on next page								

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Form: OLWR-SWR-1A

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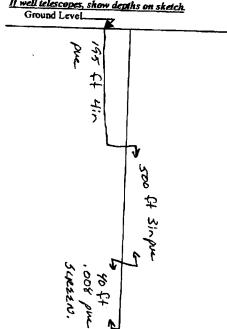
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## The sketch below only required for water wells

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)
Clay	Ground Level	3.5
med sand	35	60
Course sand + p-aravel	60	200
Course sand	200	230
clay	230	245
clay + sand streets	245	340
clay	340	400
fine sand	400	440
fine to med sand	440	500
sand + clay	500	581
med to course said	581	582
C. LAND	582	600
	600	620
med sand	620	680
	680	700
Course sand	700	740
	_ 1	

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

	the property layout and include the following: 1) the well location; 2) any permanent structures on the sid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property layout arrow.	property that may operty and the well;
)	12 Hamile Well Stringer	
ndowne	ner Name: Sharkey County	

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Form: OLWR-SWR-1A Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Print Name of Responsible Licensee and License No.

Date

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p.3

	STATE W	VELL REPORT				
County: Sharkey		Part 2				
Permit #:	Pump Installer's Completion Report Mississippi Department of Environmental Quality		For Office Use Only:			
Driller Charles M. Dichols	Office of Land and Water Resources		Aquifer:			
Date completed: 3-/2-08	P.O. Box 10631 Jackson, MS 39289-0631		Well #: #- 20			
Copy information from block on Part 1	(60	1)961-5210 354-6938 (fax)	***************************************			
			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 Owner Information		- THE BOYE MINES WURLE SV day	s of well completion.			
Owner Name: Sharkou Co.	le	1	Location			
Owner Name: Sharkey County		1	Longitude: <u>090° 50.67</u> 21			
Mailing Address: P.D. Cox 218		Method of Lat/Long (check one): Conventional Survey				
Put to M		USGS quad Hand-held GPS Survey-grade GPS				
Rolling FORK M.	5 39"/59 Zip Code	1/4 Sec	_TR			
	•	Distance Direction				
Telephone No. ()		1/2 Miles north of				
			The state of the s			
Pump Type		Power	Туре			
Circle one			e one			
- I _	ubmerable	Diesel Engine Gasoline E	ngine Natural Gas			
Bucket Piston T	urbine	Electric Motor Hand				
Centrifugal Rotary F	lowing Well	Windmill Other (spe	Tractor PTO			
Other (specify):		outer (spec	eify):			
Date Pump Installed: 3-12-08		Horse Power Rating of Motor:	_3			
Rated Pump Capacity: 40 Gal		Setting Depth: /20				
Gal	nous Per Minute	Number of Stages:				
Pump Test Data						
Date Well Tested:	}	Method of Measuri Circle	ing Water Level			
Static Water Level (A): 47 /2 Feet Belo	ow I and Surface	Air Line Electric Mensurin	Line Steel Tape			
		Other (specify):				
Drawdown [(B) - (A)]:Foot Below						
Test Pumping Pote:		for flowing well, measured shut in	head:feet			
Duration of Pump Test (minimum 4 hours):		Well yieldedGP	M with a drawdown of			
	bours	feet afterhours of pumping				
I HEREBY CERTIFY that the above statements a	are true to the best of m	v knowledge				
Print Name of Pump Installer and License No. (if	-0667	Charles M. /	11/2			

Form: OLWR-SWR-1B

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