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Bill Schultz

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County: Sharkey
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 3-12-08

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-0155
 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> Owner Name: <u>Sharkey County</u> Mailing Address: <u>P.O. Box 218</u> <u>Willie Smith</u> <u>Rolling Fork MS 39150</u> City State Zip Code Telephone No. <u>662 907 0233</u>		Well or Borehole Location Latitude: <u>33° 02' 57.0" N</u> Longitude: <u>090° 50' 67.2" W</u> Method of Lat/Long (circle one): <u>34</u> Conventional Survey, <u>40</u> USGS quad, <u>(hand-held GPS)</u> Survey-grade GPS <u>N 1/4 S 1/4</u> Sec <u>20</u> Twn <u>14 N</u> Rng <u>6 W</u> Distance Direction Nearest Town <u>1 1/2</u> Miles <u>North</u> of <u>Wata Yuma</u>	
Well / Borehole Data Date drilling started: <u>3-5-08</u> Date drilling completed: <u>3-12-08</u> Hole depth: <u>740</u> Hole diameter: <u>7 7/8 X 5 1/8</u> Location of the source of any surface water used for drilling: <u>Bruton Gip well</u> Method of dosing and volume of Chlorine used in drilling and development: <u>HTH</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>			
Purpose of Well (check one): <u>8</u> Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>47 1/2</u> feet above or below (circle one) land surface Date measured: <u>3-12-08</u> Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ Well depth: <u>735</u> Well grouted to a depth of <u>20</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix Casing length: <u>695</u> feet Casing diameter: <u>4x3</u> inches Type of casing: <u>pvc</u> Screen length: <u>40</u> feet Screen diameter: <u>3</u> inches Type of screen: <u>pvc</u> Screen slot size: <u>.008</u> inches Setting depth: From <u>695</u> feet to <u>735</u> feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u> Other (describe): _____ Top of lap pipe or reduction in casing: <u>195</u> feet. <i>If telescoped or more than one screen, describe on next page</i>			

Form: OLWR-SWR-1A

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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)

County: Sharkey
 Permit #: _____
 Driller: Charles M. Nichols
 Date completed: 3-12-08
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: A-201755
 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>Sharkey County</u>	Latitude: <u>33°02.570N</u> Longitude: <u>090°50.672W</u>
Mailing Address: <u>P.O. Box 218</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Rolling Fork Ms 39159</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. () _____	Distance Direction Nearest Town
	<u>1 1/2 Miles north of Nitta Yuma</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>3-12-08</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>47 1/2</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: <u>60</u> 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-1B

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