

Faxed 7-14-09

County: Sharkey
 Permit #: GW-43326
 Driller: Charles M. Nichols
 Date drilling completed: 6-10-09

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)

For Office Use Only:
 Aquifer: _____
 Well #: A0175
 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>Paul Hollis</u>	Latitude: <u>33° 04' 08" N</u> Longitude: <u>090° 43' 30" W</u>
Mailing Address: <u>P.O. Box 240</u> <u>Anguilla Ms. 38721</u>	Method of Lat/Long (circle one): Conventional Survey, <u>19"</u>
City _____ State _____ Zip Code _____	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(662) 873-6967</u>	<u>SE 1/4 SW 1/4 Sec 10 Twn 14 N Rng 6 W</u>
	Distance <u>1/2</u> Miles Direction <u>South</u> of <u>Delta City</u>
	<u>Away 434</u>

Well / Borehole Data

Date drilling started: 6-10-09 Date drilling completed: 6-10-09 Hole depth: 123 Hole diameter: 26

Location of the source of any surface water used for drilling: Ditch
 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: 15 feet above below (circle one) land surface Date measured: 6-10-09

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

Well depth: 123 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 83 feet Casing diameter: 16 inches Type of casing: plc

Screen length: 40 feet Screen diameter: 16 inches Type of screen: plc

Screen slot size: .035 inches Setting depth: From 83 feet to 123 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*

Chicot Irrigation Inc.

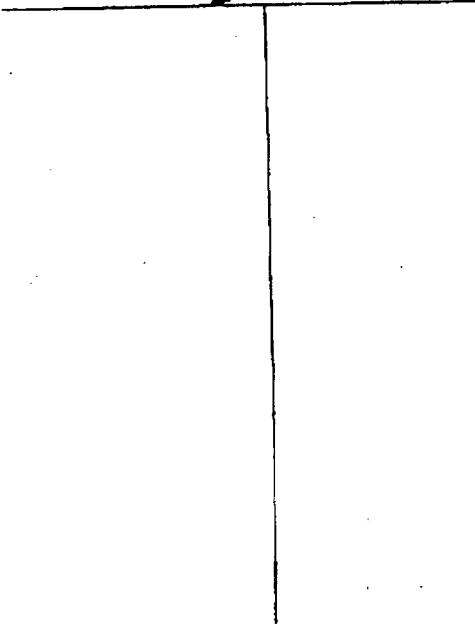
Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch

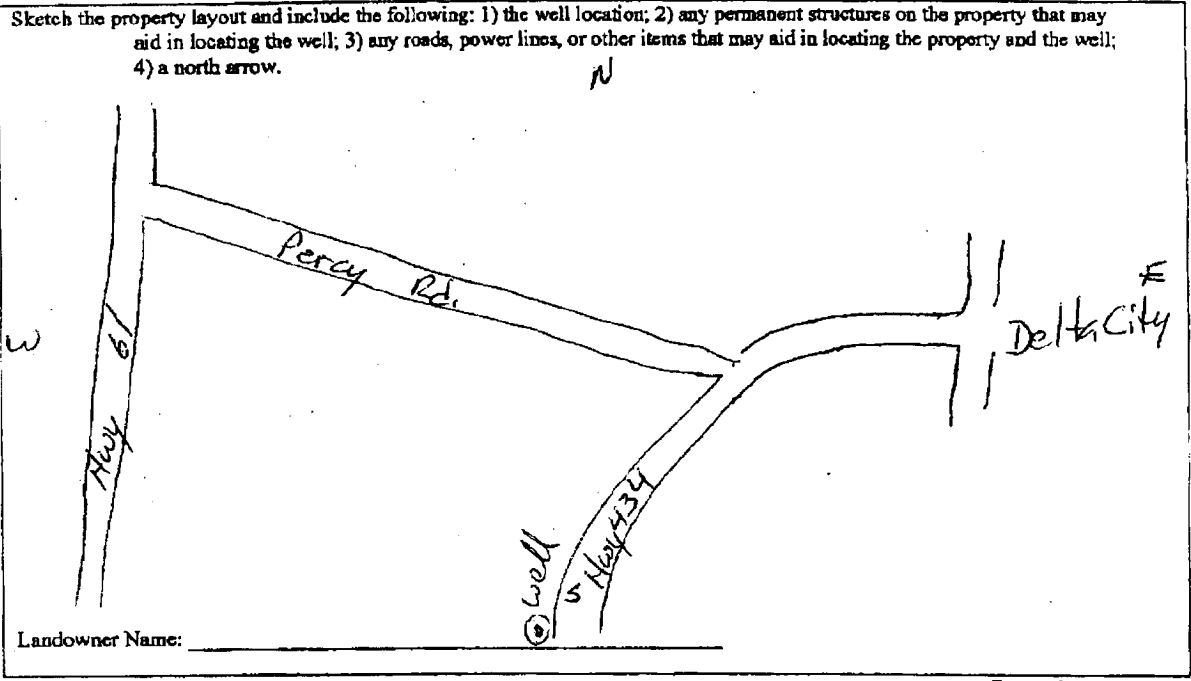
Ground Level



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	20
Fine sand	20	30
med to coarse sand	30	60
Coarse sand + p-gravel	60	80
Coarse sand p-gravel + gravel	80	123

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. Nichols 0-0667 7-6-09 Charles M. Nichols
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 #: A0175
 Elevation: _____

County: Sharkey
 Permit #: _____
 Driller: Charles Nichols
 Date completed: 6/10/09

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	Well Location
Owner Name: <u>Pauli Hollis</u>	Latitude: <u>N 33° 04' 08"</u> Longitude: <u>W 090° 48' 30"</u>
Mailing Address: <u>PO Box 240</u> <u>Anguilla, MS 38721</u>	Method of Lat/Long (circle one): Conventional Survey, <u>19"</u>
City State Zip Code	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(662) 873-6967</u>	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>10</u> Twn <u>14N</u> Rng <u>6W</u>
	Distance Direction Nearest Town <u>1/2</u> Miles <u>South</u> of <u>Delta City</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>6/15/09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>1</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): _____ 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.

Comp Rowe 0-711P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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