

Jul 13 06 10:58a

Bill Schultz

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County: Sharkey
 Permit #: 00191514
 Driller: Charles M. Nichols
 Date drilling completed: 6-13-06

State Well Report

Part 1

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 #: A253
 L. S. Elevation: _____
 E-log #: _____

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>NEFF FARMS</u>	Mailing Address: <u>BOX 400</u>	Latitude: <u>33° 04' 47" N</u>	Longitude: <u>90° 46' 37" W</u>
Telephone No: _____	City: <u>ARCOLA MS</u> State: <u>MS</u> Zip Code: <u>38722</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS	
		SE 1/4 <u>8</u> NE 1/4 Sec. <u>11</u> Twn <u>14</u> Rng <u>6</u>	
		Distance: <u>1</u> Miles	Direction: <u>East</u> of Nearest Town: <u>Delta City</u>

Well Data

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

Date well drilling started: 6-13-06 Date well drilling completed: 6-13-06

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: 6-13-06

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

Hole depth: 115 Well depth: 112 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 82 feet Casing diameter: 16 inches Type of casing: pvc

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

Screen slot size: 1035 inches Setting depth: From 82 feet to 112 feet

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

Top of lap 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.

Print Name of Driller Well Contractor and License No. Charles M. Nichols 0-0667 Signature of Water Well Contractor Charles M. Nichols

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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:

Well #: A253
Elevation:

County: Sharkey
Permit #: 0041204
Driller: Charles M. Nichols
Date completed: 6-16-06

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: NEEF FARMS, Box 400, ARCOLA MS 38722
Well Location: Latitude: 33° 04' 47N Longitude: 090° 46' 37W
Method of Lat/Long: Conventional Survey
USGS quad: Hand-held GPS, Survey-grade GPS
Distance: 1 Miles East of Delta City

Pump Type: Jet, Submersible, Piston, Turbine, Rotary, Flowing Well
Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO
Other (specify): Customers pump
Date Pump Installed: 6-16-06
Rated Pump Capacity: 2500 Gallons Per Minute
Horse Power Rating of Motor: 50
Setting Depth: 60 feet
Number of Stages: 1

Pump Test Data: Date Well Tested, Static Water Level (A), Pumping Water Level (B), Drawdown (B-A), Test Pumping Rate, Duration of Pump Test
Method of Measuring Water Level: Air Line, Electric Measuring Line, Steel Tape
For flowing well, measured shut in head, Well yielded GPM with a drawdown of feet after hours of pumping

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)
Signature of Pump Installer