

Land B-20-09

County: Sharkey
 Permit #: GW43444
 Driller: Charles M. Nichols
 Date drilling completed: 7-10-09

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 #: CL80
 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>ALPS PLANTATION</u>	Latitude: <u>32°59'42"N</u> Longitude: <u>090°54'07"W</u>
Mailing Address: <u>P.O. Box 187</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>GRACE</u> <u>MS</u> <u>38745</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4</u> Sec <u>10</u> Twn <u>13N</u> Rng <u>7W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3</u> Miles <u>East</u> of <u>Grace</u>

Well / Borehole Data

Date drilling started: 7-10-09 Date drilling completed: 7-10-09 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: 22 feet above or below (circle one) land surface Date measured: 7-11-09

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

Well depth: 123 Well grouted to a depth of 16 feet Type of grout (circle one): Neat Cement Bentonite Mix

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

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

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*

Form: OLWR-SWR-1A

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: 7-11-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 0180
 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>Bob Barnes</u> Mailing Address: _____ _____ City _____ State _____ Zip Code _____ Telephone No. (____) _____	Latitude: <u>32° 59.4244'</u> Longitude: <u>090° 54.0776'</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>NE 1/4 NE 1/4 Sec 10 T 13N R 7W</u> Distance _____ Direction _____ Nearest Town _____ <u>3 Miles East of Grace</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ Submersible _____ Bucket _____ Piston _____ <input checked="" type="checkbox"/> Turbine _____ Centrifugal _____ Rotary _____ Flowing Well _____ Other (specify): _____ Date Pump Installed: <u>7-11-09</u> Rated Pump Capacity: <u>3000</u> Gallons Per Minute	<input checked="" type="checkbox"/> Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ Electric Motor _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-11-09</u> Static Water Level (A): <u>22</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line _____ Electric Measuring Line _____ <input checked="" type="checkbox"/> Steel Tape _____ Other (specify): _____ For flowing well, measured shut in head: _____ feet 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 01667 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B