

County: Sharkey
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 3-21-10

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 #: C181
 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>Helena Chem.</u>	Latitude: <u>32° 56' 12.98" N</u> Longitude: <u>90° 50' 15.34" W</u>
Mailing Address: _____	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>13</u>
<u>Rolling Fork MS 39159</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 29 Twn 13N Rng 6W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3</u> Miles <u>NE</u> of <u>Rolling Fork</u>

Well / Borehole Data

Date drilling started: 3-15 Date drilling completed: 3-21 Hole depth: 1100 Hole diameter: 7 7/8 x 5 5/8

Location of the source of any surface water used for drilling: Well next door
 Method of dosing and volume of Chlorine used in drilling and development: H 711

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: office

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: 1100 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1060 feet Casing diameter: 4x3 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 3 inches Type of screen: pvc

Screen slot size: .008 inches Setting depth: From 1060 feet to 1100 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: 300 ft feet. *If telescoped or more than one screen, describe on next page*

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 BY: OLMR

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: 3-27-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C 181
 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>Helena Chem.</u> Mailing Address: _____ <u>Rolling Fork Ms 39159</u> <small>City State Zip Code</small>	Latitude: <u>32°56'12.98"N</u> Longitude: <u>90°50'15.34"W</u> <small>13 15</small> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>SE ¼ SW ¼ Sec 29 T 13N R 6W</u> Distance Direction Nearest Town <u>3</u> Miles <u>NE</u> of <u>Rolling Fork</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>3-25-10</u> Rated Pump Capacity: <u>60</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5 Hp.</u> Setting Depth: <u>126</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ 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 Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>60</u> 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 Charles M. Nichols
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 APR 17 2010
 Form: OLWR-SWR-1B
 BICOLINP