

County: Sharkey
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 8-1-08

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 #: G-154
 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>	Well or Borehole Location
Owner Name: <u>George Martin</u>	Latitude: <u>32° 48' 23.70" N</u> Longitude: <u>090° 55' 52.50" W</u>
Mailing Address: <u>P.O. 296</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Cary</u> <u>MS.</u> <u>39054</u>	USGS quad, _____ Survey-grade GPS
City State Zip Code	____ 1/4 ____ 1/4 Sec ____ Twn <u>11N</u> Rng <u>7W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town <u>Cary</u>
	____ Miles ____ of _____

Well / Borehole Data

Date drilling started: 8-7-08 Date drilling completed: 8-7-08 Hole depth: 100 Hole diameter: 7 7/8

Location of the source of any surface water used for drilling: Deer Creek

Method of dosing and volume of Chlorine used in drilling and development: ATH

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: 23 feet above or below (circle one) land surface Date measured: 8-7-08

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Sentonic Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 20 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: .020 inches Setting depth: From 80 feet to 100 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*

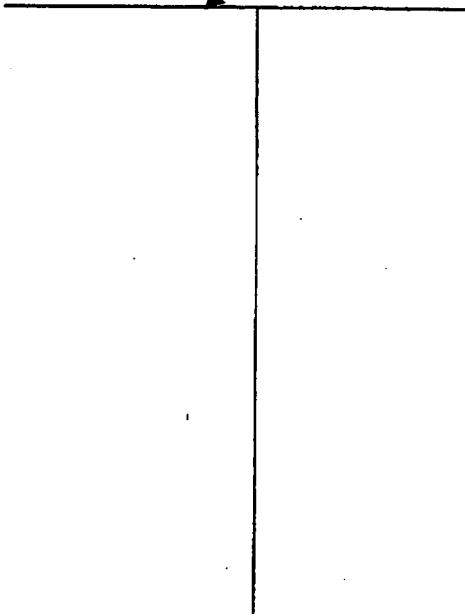
Form: OLWR-SWR-1A

G-154

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	40
med sand	40	50
course sand + p-gravel	50	100

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

The sketch shows a property layout with a winding creek labeled "Deer Creek" and a straighter section labeled "Deer Creek". A "House well" is indicated by a circle with a dot. A road or path is labeled "HIGHWAY" and "MS.". A north arrow is drawn near the top. The letters "W", "E", and "S" are scattered on the sketch. The text "Casey MS." is written near the creek.

Landowner Name: Dr George Martin

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 8-27-08

Print Name of Responsible Licensee and License No. Date

Charles M. Nichols

Signature of Licensee

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: 8-1-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G-154
 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>George Martin</u>	Latitude: <u>32° 48.937N</u> Longitude: <u>90° 55.525W</u>
Mailing Address: <u>P.O. 296</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cary</u> <u>MS</u> <u>39054</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>0</u> Miles <u>0</u> of <u>Cary</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>N/A No pump</u>	Horse Power Rating of Motor: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

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.

Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer _____

Form: OLWR-SWR-1B