

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 #: Q-178
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: GW40686
Driller: Charles M. Nichols
Date drilling completed: 10-31-05

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>Quinn River Agriculture</u>	Latitude: <u>33° 30' 46" N</u>	Longitude: <u>90° 29' 39" W</u>	
Mailing Address: <u>P.O. Box 187</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
<u>Sunflower</u> <u>MS</u> <u>38778</u>	<u>1/4</u> <u>1/4</u> Sec <u>15</u>	Twn <u>19 N</u>	Rng <u>3 W</u>
City State Zip Code	Distance <u>3 1/2</u> Miles	Direction <u>North</u>	Nearest Town <u>near Mearled Ms.</u>
Telephone No. _____			

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation <u>Fish Culture</u> Other: _____	
Date well drilling started: _____	Date well drilling completed: <u>10-31-05</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>36</u> feet above or <u>below</u> (circle one) land surface	Date measured: _____
Method of Measurement (circle one) steel tape electric tape air line other: _____	
Hole depth: <u>120</u> Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite <u>Mix</u>	
Casing length: <u>50</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>pvc</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>pvc</u>	
Screen slot size: <u>1.35</u> inches Setting depth: From <u>50</u> feet to <u>120</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.

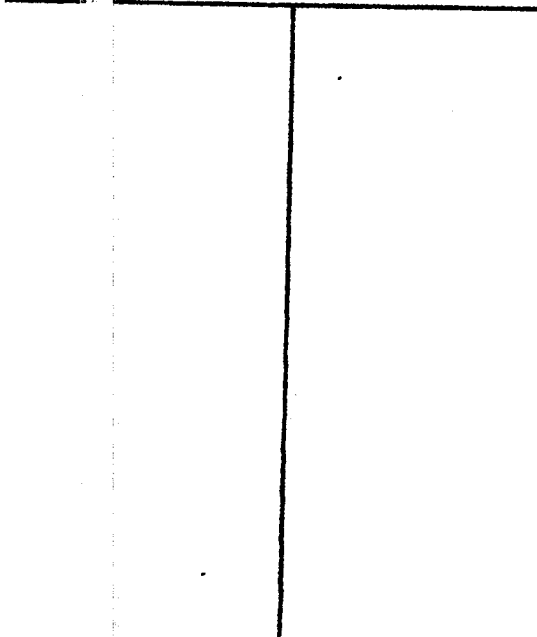
Charles M. Nichols 0-0667
Print Name of Water Well Contractor and License No. Charles M. Nichols
Signature of Water Well Contractor

RECEIVED
DEC 05 2005
BY: OLWR

GW40686

Q-178

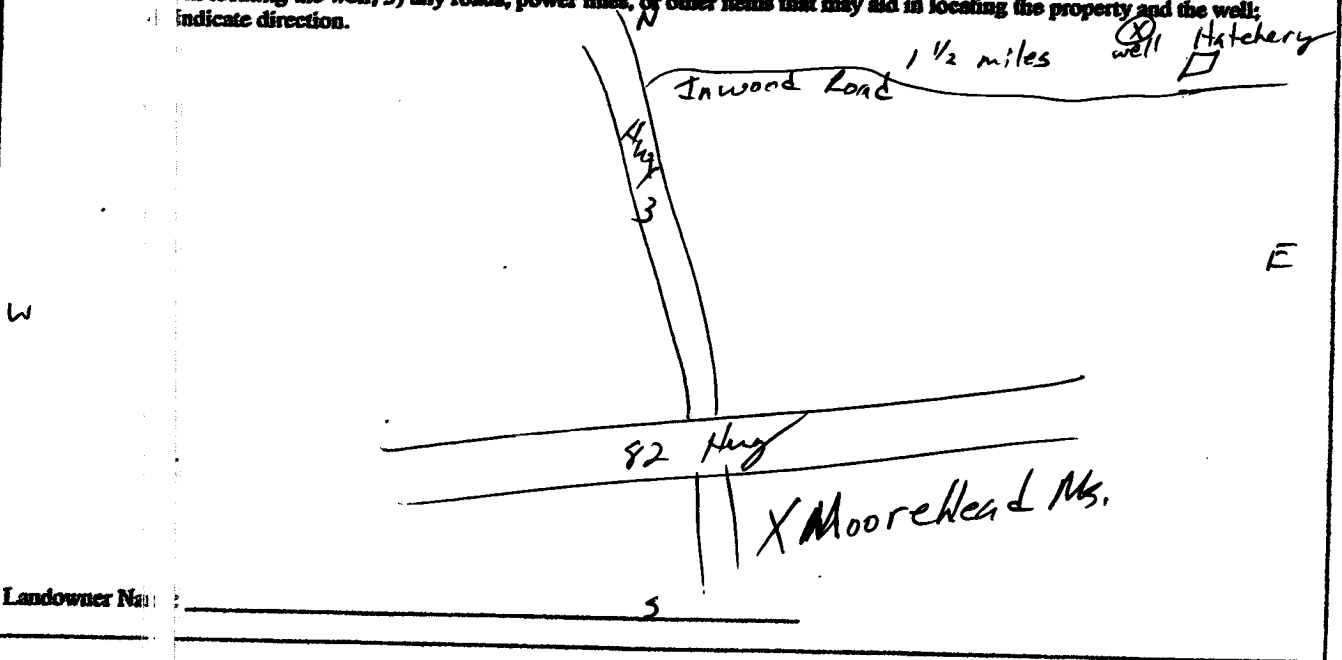
Ground level



Description of Formations Encountered	From	To
Clay	0	20
fine to med. sand	20	40
med to course sand	40	50
course sand + p-gravel	50	120

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; indicate direction.



Landowner Name: _____

Charles M. Sparks
 Signature Water Well Contractor

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