

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 #: Φ-182
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: CW41648
Driller: Charles M. Nichols
Date drilling completed: 3-12-07

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>Nobile Farms</u> | | Latitude: <u>33° 31' 20" N</u> | Longitude: <u>090° 32' 10" W</u> |
| Mailing Address: <u>58 Jerry Nobile Road</u> | | Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS | |
| <u>Moorhead, MS. 38761</u> | | <u>N 1/4 S 1/4 Sec. 8 Twn 19 N Rng 3 W</u> | |
| City: _____ State: _____ Zip Code: _____ | | Distance: <u>5</u> Miles | Direction: <u>North</u> of Nearest Town: <u>Moorhead</u> |
| Telephone No: <u>662 246-8294</u> | | | |

Well Data

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

Date well drilling started: 3-12-07 Date well drilling completed: 3-12-07 ^{643 6457}

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

Static Water Level: 52 feet above or below (circle one) land surface Date measured: 3-12-07

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

Hole depth: 117 Well depth: 117 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 77 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 27 feet to 117 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.

Bill Copping 0-422 Print Name of Well Contractor and License No. Charles M. Nichols Signature of Water Well Contractor

Sub-contractor 0-0667

