

State Well Report

Part I - 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)

County: Sunflower
 Permit #: GW-450401
 Driller: Charles W. Nichols
 Date drilling completed: 3-4-11

For Office Use Only:
 Aquifer: 0211
 Well #: _____
 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>Quiver River Aquaculture</u> Mailing Address: <u>P.O. Box 187</u> <u>Sunflower Ms. 38778</u> City State Zip Code Telephone No. () _____	Latitude: <u>33° 30' 47.31" N</u> Longitude: <u>090° 29' 12.1" W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> ⁰⁷ USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS <u>SW 1/4 SW 1/4 Sec 14 Twa 19N Rng 03W</u> Distance <u>4 1/2</u> Miles Direction <u>NE</u> of Nearest Town <u>Moorehead</u>		

Well / Borehole Data

Date drilling started: 3-4-11 Date drilling completed: 3-4-11 Hole depth: 120 Hole diameter: 26

Location of the source of any surface water used for drilling: Fish Pond
 Method of dosing and volume of Chlorine used in drilling and development: _____

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: 55 feet of below (circle one) land surface Date measured: 3-5-11
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: plc
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: plc
 Screen slot size: .035 inches Setting depth: From 80 feet to 120 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*

Replacement well

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: Sunflower
 Permit #: GW-45040
 Driller: Charles M. Nichols
 Date completed: 3-7-11
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: 0211
 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>Quiver River Aquaculture</u>	Latitude: <u>30° 30.473N</u> Longitude: <u>090° 29.121W</u>
Mailing Address: <u>P.O. Box 187</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sunflower MS 38778</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/2 Sec _____ T _____ R _____
Telephone No. () _____	Distance Direction Nearest Town
	<u>4 1/2 Miles NE of Moorhead</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>3-7-11</u>	Setting Depth: <u>90 8 in pvc</u>
Rated Pump Capacity: <u>1400</u> Gallons Per Minute	Number of Stages: <u>1 x 8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>55</u> 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.

Charles M. Nichols 0-0667
 Print Name of Pump Installer and License No. (if applicable)

Charles M. Nichols
 Signature of Pump Installer