

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: Q215
Well #: ~~7-122~~
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: GW 40698
Driller: Charles M. Nichols
Date drilling completed: 11-23-05

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>Cat Fish Express</u> | Mailing Address: <u>GRAD MALDENY</u> | Latitude: <u>33° 22' 25" N</u> Longitude: <u>90° 35' 11" W</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| City: <u>Inverness MS</u> | State: <u>MS</u> Zip Code: <u>38753</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS | Distance: <u>1/2</u> Miles Direction: <u>North</u> Nearest Town: <u>Inverness</u> |
| Telephone No.: _____ | | | |

| Well Data | |
|---|---|
| Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation <u>Fish Culture</u> Other: _____ | Date well drilling started: <u>11-23-05</u> Date well drilling completed: <u>11-23-05</u> |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | Static Water Level: <u>21</u> feet above or <u>below</u> (circle one) land surface Date measured: _____ |
| Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____ | Hole depth: <u>100</u> Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet |
| Type of grout (circle one): <u>Cement</u> Bentonite <u>MB</u> | Casing length: <u>60</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>pvc</u> |
| Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>pvc</u> | Screen slot size: <u>.032</u> inches Setting depth: From <u>60</u> feet to <u>100</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 Charles M. Nichols
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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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 - 40698
 Driller: Charles M. Nichols
 Date completed: 11-26-05

For Office Use Only:
 Aquifer: Q215
 Well #: ~~F-122~~
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>BROD MALONEY</u> | Latitude: <u>33° 22' 35 N</u> Longitude: <u>90° 35' 11 W</u> <small>15 15</small> |
| Mailing Address: _____ _____ <u>Inverness MS 38753</u> City State Zip Code | Method of Lat/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS <u>NW</u> ¼ <u>NW</u> ¼ Sec. <u>35</u> Twn. <u>77N 18N</u> Rng. <u>4W</u> |
| Telephone No. _____ | Distance Direction Nearest Town <u>1/2</u> Miles <u>North</u> of <u>Inverness</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>10</u> |
| Date Pump Installed: <u>11-26-05</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>600</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): _____ Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured static 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

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