

Nov 15 06 12:20p

Bill Schultz

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State Well Report

Part I

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 #: 5-99
 L. S. Elevation: _____
 E-log #: _____

County: Sunflower
 Permit #: OW41373
 Driller: _____
 Date drilling completed: 10-25-06

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>Dillard & Co. Inc.</u>		Latitude: <u>33° 19' 07" N</u>	Longitude: <u>90° 44' 42" W</u>
Mailing Address: _____		Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	
City _____ State _____ Zip Code _____		<u>NW 1/4 SW 1/4 Sec 17 Twn 17N Rng 5W</u>	
Telephone No: _____		Distance _____ Miles	Direction <u>NE</u> of Nearest Town <u>Arcola</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 10-9-06 Date well drilling completed: 10-25-06

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: 10-18-06

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 50 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 50 feet to 120 feet

Type of completion (circle all applicable): Gravel packed Underscreened 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.

Charles M. Nichols 0-0667 _____
 Print Name of 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)

For Office Use Only:

Applicator:
Well #: 5-99
Elevation:

County: Sunflower
Permit #: GW 41373
Driller: Charles M. Nichols
Date completed: 10-25-06

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: Dillard + Co. Inc.
Well Location: Latitude: 33°19'07N, Longitude: 090°44'42W
Method of Lat/Long: Conventional Survey
USGS quad: Hand-held GPS, Survey-grade GPS
City: Leland MS, State: MS, Zip Code: 38756
Distance: 9 Miles NE of Arcola

Pump Type: Jet, Submersible
Power Type: Diesel Engine, Gasoline Engine, Natural Gas
Bucket: Piston, Turbine
Centrifugal: Rotary, Flowing Well
Horse Power Rating of Motor: 30 Hp
Setting Depth: 60 feet
Number of Stages: 1

Pump Test Data
Date Well Tested:
Static Water Level (A): 24 Feet Below Land Surface
Pumping Water Level (B):
Drawdown ((B) - (A)):
Test Pumping Rate: Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours
Method of Measuring Water Level: Steel Tape
For flowing well, measured slant in head: feet
Well yielded GPM with a drawdown of feet after hours of pumping

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)
Signature of Pump Installer

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