

Nov 15 06 12:14p

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)

County: Sunflower
 Permit #: 6041374
 Driller: Charles M. Nichols
 Date drilling completed: 10-25-06

Per Office Use Only:
 Aquifer: _____
 Well #: 5-100
 L. S. Elevation: _____
 B-log #: _____

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° 17' 59" N</u>	Longitude: <u>90° 44' 26" W</u>
Mailing Address: _____		Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	
<u>LELAND MS 38756</u>		<u>SE 1/4 Sec 20 Twn 17N Rng 5W</u>	
City: _____ State: _____ Zip Code: _____		Distance: <u>8</u> Miles	Direction: <u>NE</u> of Nearest Town: <u>Arcola</u>
Telephone No.: _____			

Well Data

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

Date well drilling started: 10-6-06 Date well drilling completed: 10-25-06

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 10-18-06

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

Hole depth: 112 Well depth: 112 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 72 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 72 feet to 112 feet

Type of completion (circle all applicable): Gravel packed Underdrilled 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 logs 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 0-2667 Charles M. Nichols
 Print Name of Well Contractor and License No. Signature of Water Well Contractor

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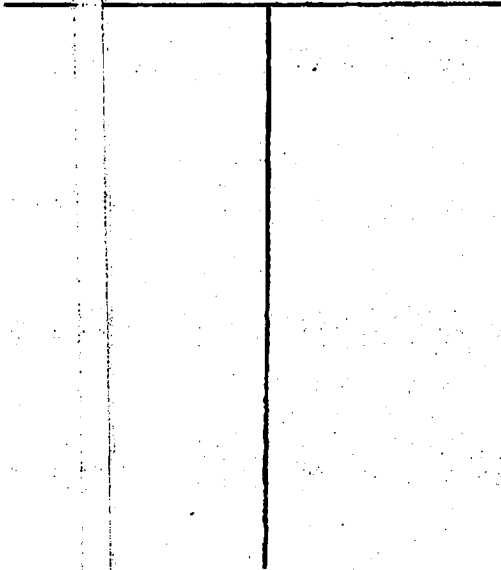
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5-100

GW 41374

Ground level



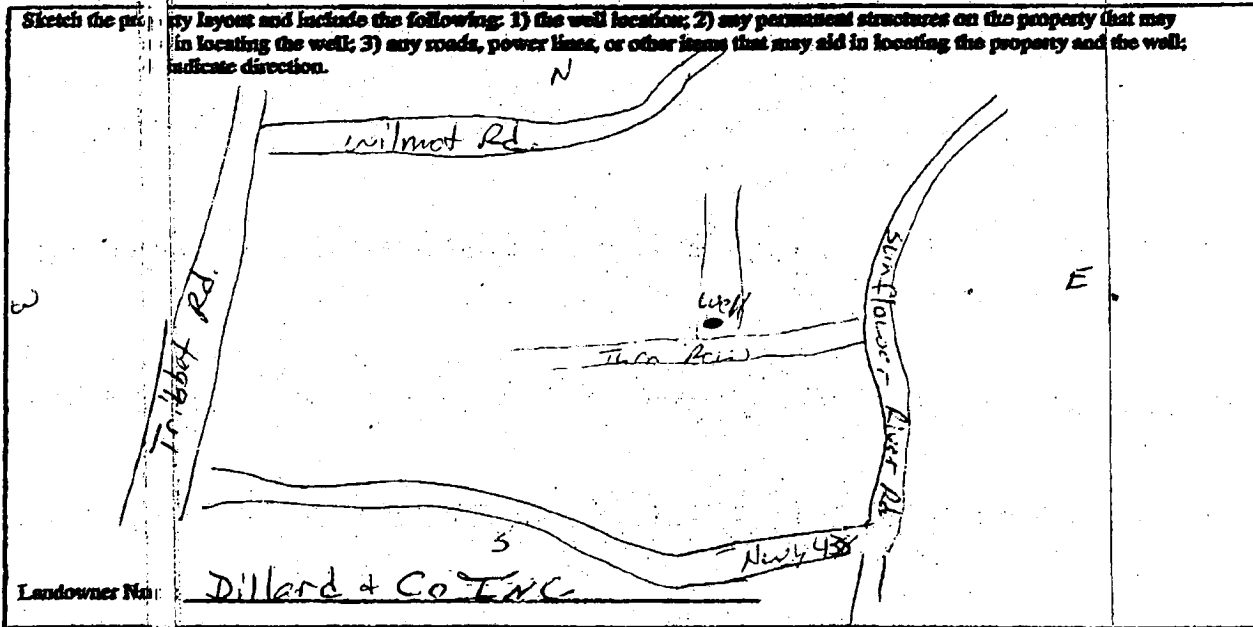
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	20
med. to fine sand	20	40
med. sand	40	50
coarse sand with gravel	50	80
coarse sand - gravel	80	100
gravel	100	112
coarse to med sand	100	112

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.



Signature: Charles M. Nichols
Water Well Contractor

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STATE WELL RETURN

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)354-6933 (fax)

For Office Use Only:

Applier:
Well #: 5-100
Elevation:

County: Sunflower
Permit #: QW 41374
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: Owner Name: Dillard & Co. Inc., Mailing Address: Ocean Springs, MS 38756, Telephone No.:
Well Location: Latitude: 33°17'59"N, Longitude: 90°44'26"W, Method of Lat/Long: Conventional Survey, USGS quad: Hand-held GPS, Survey-grade GPS, SE 1/4 SW 1/4 Sec 20, Twn 17N, Rng 5W, Distance: 8 Miles NE of Arcola

Pump Type: Jet, Submersible, Turbine, Piston, Rotary, Flowing Well
Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify): Propane
Date Pump Installed: 10-18-06
Rated Pump Capacity: 3000 Gallons Per Minute
Horse Power Rating of Motor: 60 hp gear
Sounding Depth: 60 feet
Number of Stages: 1

Pump Test Data: Date Well Tested, Static Water Level (A): 22 Feet Below Land Surface, Pumping Water Level (B):, Drawdown ((B) - (A)):, Test Pumping Rate: Gallons Per Minute, Duration of Pumping Test (minimum 4 hours): hours
Method of Measuring Water Level: Circle one: Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured static 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)

Charles M. Nichols
Signature of Pump Installer

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