

Aug 28 08 10:50a

Bill Schultz

3355777

p. 1

State Well Report Part 1 - 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)

For Office Use Only:

Aquifer: _____
Well #: M-38
L. S. Elevation: _____
E-log #: _____

County: Warren
Permit #: _____
Driller: _____
Date drilling completed: 8-5-08

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>J. C. SLOAN</u>	Latitude: <u>32° 17' 49.43" N</u> Longitude: <u>90° 54' 34.57" W</u>
Mailing Address: <u>1065 WARRINGTON RD</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>WICKSBURG MS 39180</u>	USGS quad: <u>SE 1/4 SE 1/4 Sec 6</u> Two <u>15x</u> Rng <u>3E</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>1/2</u> Miles Direction: <u>South</u> of Nearest Town: <u>Wicksburg</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 8-5-08 Date drilling completed: 8-5-08 Hole depth: 105 Hole diameter: 7 7/8

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

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) Replacement well.
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: 72 feet above or below (circle one) land surface Date measured: 8-5-08

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

Well depth: 105 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 30 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: .020 inches Setting depth: From 75 feet to 105 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*

Aug 28 08 10:50a Bill Schultz

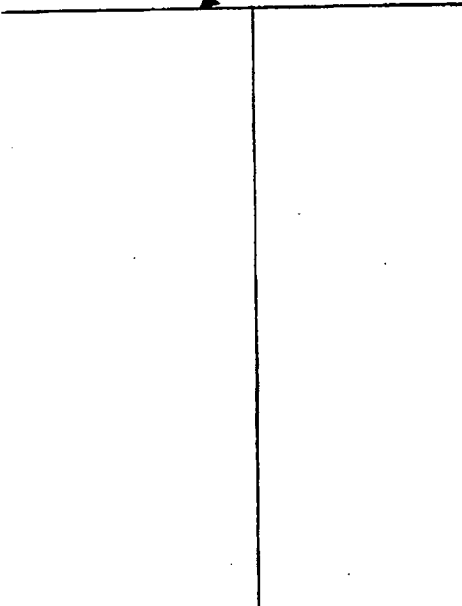
3355777

P.2

M-38

The sketch below only required for water wells

If well telescopes, show depths on sketch.
 Ground Level

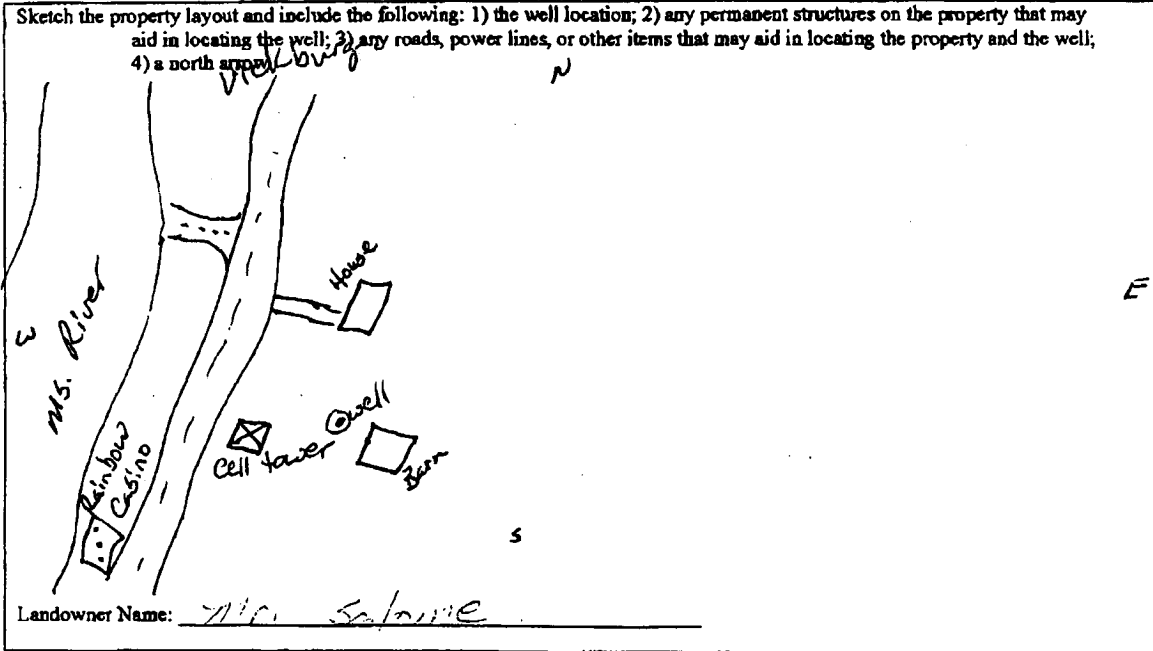


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
sandy clay	Ground Level	60
clay	60	75
clay sand streaks	75	100
clay	100	105

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; 4) a north arrow



Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Charles M. Nichols 0-0667 8-27-08
 Print Name of Responsible Licensee and License No. Date

Charles M. Nichols
 Signature of Licensee

Aug 28 08 10:50a

Bill Schultz

3355777

p. 3

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:

Aquifer: _____
Well #: M-38
Elevation: _____

County: Warren
Permit #: _____
Driller: Charles M. Nichols
Date completed: 8-5-08
Copy information from block on Part 1

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>J.C. SLOAN</u>	Latitude: <u>32°17'49.43N</u> Longitude: <u>090°54'34.57W</u>
Mailing Address: <u>105 WARRINGTON Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Vicksburg Ms 39180</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>1/2</u> Miles <u>South</u> of <u>Vicksburg</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>8-5-08</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>72</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 _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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