

Nov 28 06 09:22a

Bill Schultz

3355777

Filed 11-28-06

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: _____
Well #: A-188
L. S. Blowsion: _____
E-log #: _____

County: Washington
Permit #: _____
Driller: Charles M. Nichols
Date drilling completed: 10-28-06

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>GYPSY FARMS</u>	Latitude: <u>33° 30' 30" N</u>	Longitude: <u>91° 04' 51" W</u>	
Mailing Address: <u>125 FORKLAND Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>GREENVILLE MS 38707</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS		
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>26</u> Twn <u>19N</u> Rng <u>9W</u>		
Telephone No: _____	Distance: <u>2 1/2</u> Miles	Direction: <u>NW</u>	Nearest Town: <u>Waterville</u>

Well Data

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

Date well drilling started: 10-24-06 Date well drilling completed: 10-27-06

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 443 Well depth: 440 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Regrout Mix

Casing length: 410 feet Casing diameter: 4X3 inches Type of casing: pvc

Screen length: 30 feet Screen diameter: 3 inches Type of screen: pvc

Screen slot size: .008 inches Setting depth: From 410 feet to 440 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of 1st 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.

Charles M. Nichols
Signature of Water Well Contractor

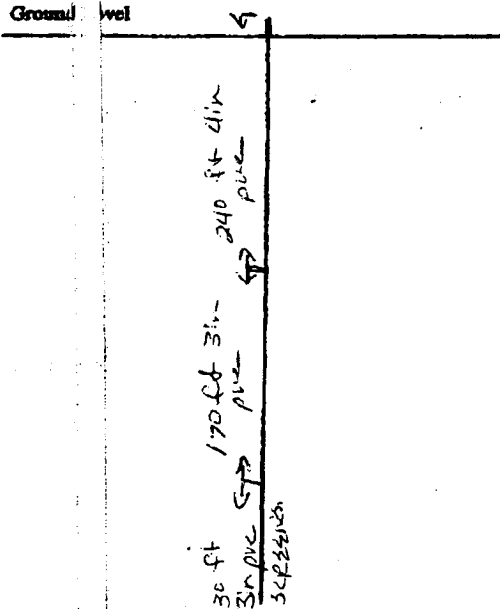
Nov 28 06 09:22a

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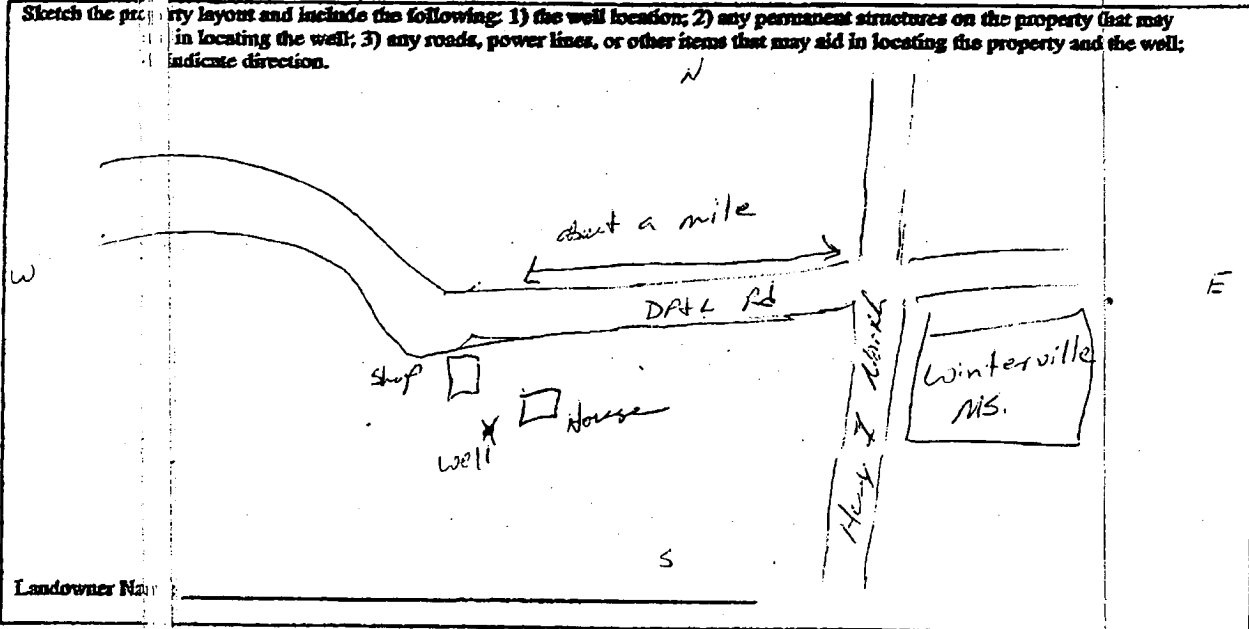
p.2

A 188



Description of Formations Encountered	From	To
sandy clay	0	15
sand & gravel	15	118
clay	118	160
sandy shell & clay	160	340
med. coarse sand	340	380
coarse sand	380	440
Rock	440	443

If more than one screen, show location of each on sketch



Landowner Name: _____

Charles M. Nichols
 Signature of Water Well Contractor

Nov 28 06 09:22a

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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)

County: Washington
Permit #:
Driller: Charles M. Nichols
Date completed: 10-31-06

For Office Use Only:
Aquifer:
Well #: A-188
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: Owner Name: Gypsy Farms, Mailing Address: 125 Farland Rd, Greenville Ms 38703
Well Location: Latitude: 33°30'37N, Longitude: 91°04'51W, Method of Lat/Long: Conventional Survey, USGS quad: Hand-held GPS, Distance: 2 1/2 Miles NEW of Winterville

Pump Type: Jet, Submersible
Power Type: Electric Motor, 3 Hp.
Other (specify): customers pump
Date Pump Installed: 10-27-06
Rated Pump Capacity: ? Gallons Per Minute
Setting Depth: 120 feet
Number of Stages:

Pump Test Data: Date Well Tested, Static Water Level (A), Pumping Water Level (B), Drawdown [(B) - (A)], Test Pumping Rate, Duration of Pump Test
Method of Measuring Water Level: Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured shut in head:
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