

Filed 11-3-08

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 9-28-08

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 #: A-212
 L. S. Elevation: _____
 E-log #: _____

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.

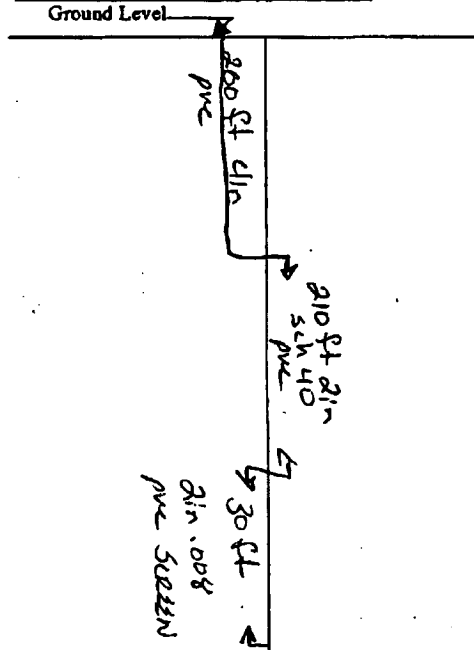
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Dave Thomas</u>	Latitude: <u>33° 27' 45" N</u> Longitude: <u>89° 04' 50" W</u>
Mailing Address: <u>P.O. Box 232</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Leland</u> <u>MS</u> <u>38756</u>	USGS quad: <u>SW 1/4 SW 1/4 Sec 30 Twn 19N Rng 8W</u>
City State Zip Code	Distance: <u>3</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Greenville</u>
Telephone No. () _____	
Well / Borehole Data	
Date drilling started: <u>9-22-08</u> Date drilling completed: <u>9-28-08</u> Hole depth: <u>440</u> Hole diameter: <u>7 7/8 x 5 1/8</u>	
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: <u>ATH</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>62</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>9-23-08</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>440</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>410</u> feet Casing diameter: <u>4 x 2</u> inches Type of casing: <u>pvc</u>	
Screen length: <u>30</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>pvc</u>	
Screen slot size: <u>.008</u> inches Setting depth: From <u>410</u> feet to <u>440</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>200</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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The sketch below only required for water wells

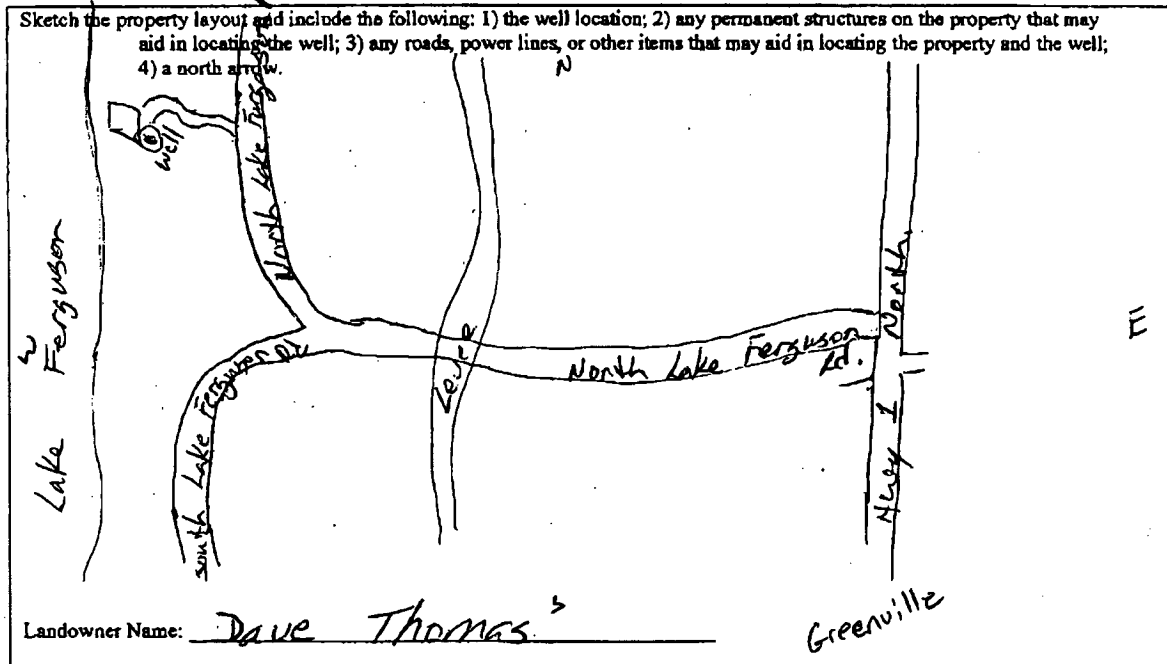
If well telescopes, show depths on sketch



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	15
fine sand	15	80
course sand + p. gravel	80	120
Clay + sand streaks	120	240
Clay + shale	240	360
med sand	360	400
med to course sand	400	440

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



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.

Print Name of Responsible Licensee and License No. Charles M. Nichols 0-0667

Date 10-8-08

Signature of Licensee [Handwritten Signature]

Form: OLWR-SWR-1A

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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: Washington
Permit #: _____
Driller: Charles M. Nichols
Date completed: 9-25-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: A-212
Elevation: _____

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>Dave Thomas</u>	Latitude: <u>33°27.487N</u> Longitude: <u>091°04.504W</u>
Mailing Address: <u>PO Box 232</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Leland MS 38751</u> City State Zip Code	____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. () _____	Distance Direction Nearest Town <u>3</u> Miles <u>NW</u> of <u>Greenville</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>2 HP</u>
Date Pump Installed: <u>9-28-08</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>8</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): <u>62</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 <u>20</u> 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 Charles M. Nichols
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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