

Faded 11-10-08

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 10-3-08

State Well Report
Part I - 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-213
 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>MONSANTO COMPANY</u> Mailing Address: <u>800 N. Lindbergh</u> <u>ST. LOUIS MO 63141</u> City State Zip Code Telephone No. () _____	Latitude: <u>33° 29' 49" N</u> Longitude: <u>90° 03' 52" W</u> Method of Lat/Long (circle one): <u>26</u> Conventional Survey, USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS <u>SE 1/4 SE 1/4 Sec 18 Twn 19N Rng 8W</u> Distance Direction Nearest Town <u>1/2 Miles South of Winterville</u>
Well / Borehole Data	
Date drilling started: <u>9-26-08</u> Date drilling completed: <u>10-3-08</u> Hole depth: <u>560</u> Hole diameter: <u>7 7/8 x 5 7/8</u> Location of the source of any surface water used for drilling: <u>shop well</u> Method of dosing and volume of Chlorine used in drilling and development: <u>11 7H</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 _____ Industrial <input checked="" type="checkbox"/> Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>Cotton Gin</u> If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>62</u> feet above or below (circle one) land surface Date measured: <u>10-3-08</u> Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ Well depth: <u>557</u> Well grouted to a depth of <u>26</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix Casing length: <u>517</u> feet Casing diameter: <u>4x2</u> inches Type of casing: <u>pvc</u> Screen length: <u>40</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>pvc</u> Screen slot size: <u>.003</u> inches Setting depth: From <u>517</u> feet to <u>557</u> feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u> Other (describe): _____ Top of tap 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

RECEIVED

NOV 10 2008

BY: OLWR

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: 10-3-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: A-213
 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>MONSANTO COMPANY</u>	Latitude: <u>33°29.440'N</u> Longitude: <u>091°03.577'W</u>
Mailing Address: <u>800 No. Lindbergh</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>ST. LOUIS MO 63141</u> City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. () _____	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
	Distance _____ Direction _____ Nearest Town _____
	<u>1/2 Miles South of Winterville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motors Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>Pitless Adapter</u>	Horse Power Rating of Motor: <u>2 Hp.</u>
Date Pump Installed: <u>10-3-08</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-3-08</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
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 _____ 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

RECEIVED
 Form DWL 3WR-1B

NOV 10 2008

BY: OLWR