

Filed 7-28-09

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 7-3-09

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 #: A218
 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>FERRIGNONI FARMS</u>	Latitude: <u>33° 26' 27" N</u> Longitude: <u>91° 01' 52" W</u>
Mailing Address: <u>1219 METCALFE RD.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>53'</u> <u>31"</u>
<u>Greenville MS 38703</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 33 Twn 19N Rng 8W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1</u> Miles <u>North</u> of <u>Greenville</u>
Well / Borehole Data	
Date drilling started: <u>7-3-09</u> Date drilling completed: <u>7-3-09</u> Hole depth: <u>93</u> Hole diameter: <u>26</u>	
Location of the source of any surface water used for drilling: <u>Ditch</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>HTH</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 _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>11</u> feet above or below (circle one) land surface Date measured: <u>7-14-09</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>93</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>53</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>pvc</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>pvc</u>	
Screen slot size: <u>1035</u> inches Setting depth: From <u>53</u> feet to <u>93</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

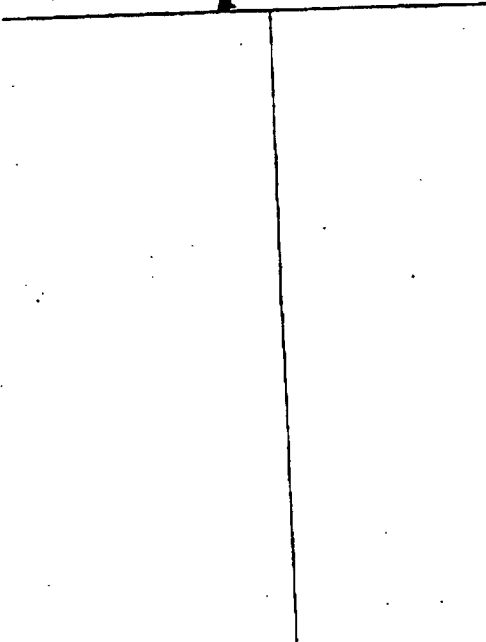
Form: OLWR-SWR-1A

The sketch below only required for water wells

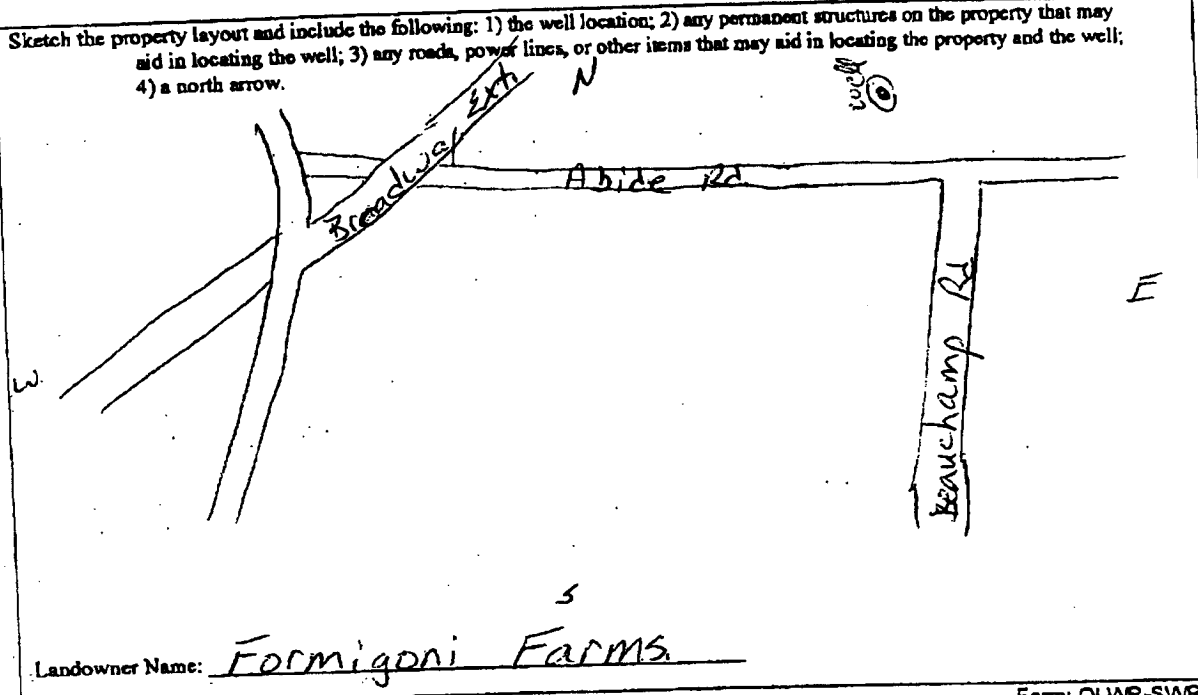
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch
Ground Level _____

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	10
med to coarse sand	10	60
Coarse sand + p-gravel	60	70
sand - p-gravel + gravel	70	90
Clay	90	93



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



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.

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

Date 7-27-09

Signature of Licensee Charles M. Nichols

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: 7-14-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: A 218
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>Formigoni Farms</u>	Latitude: <u>33° 26.871'</u> Longitude: <u>091° 01.524'</u>
Mailing Address: <u>1219 METCALFE RD.</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> ⁵² <input checked="" type="checkbox"/> Survey-grade GPS <input type="checkbox"/> ³¹
<u>Greenville MS 38703</u> City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. () _____	<u>NE 1/4 SE 1/4 Sec 33 T19N R 8W</u>
	Distance _____ Direction _____ Nearest Town <u>Greenville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-14-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>3 x 12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-14-09</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>11</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
Print Name of Pump Installer and License No. (if applicable)

Charles M. Nichols
Signature of Pump Installer

Form: OLWR-SWR-1B