

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)

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 7-22-06

For Office Use Only:

Aquifer: _____
 Well #: E-179
 L. S. Elevation: _____
 E-log #: _____

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>DAYBREAK FARMING PARTNERS</u>	Latitude: <u>33° 22' 00N</u> Longitude: <u>090° 54' 02W</u>
Mailing Address: <u>504 SW DEERCREEK DR.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, USGS quad _____ Survey-grade GPS _____
<u>LeLAND MS 38756</u>	<u>1/4 1/4 Sec 35 Twn 18N Rng 7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. _____	<u>1 1/2 Miles South of LeLand</u>

Well Data

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

Date well drilling started: 7-22-06 Date well drilling completed: 7-22-06

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: 7-22-06

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 1.035 inches Setting depth: From 80 feet to 120 feet

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

Top of lap 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 Charles M. Nichols
 Print Name of Well Contractor and License No. Signature of Water Well Contractor

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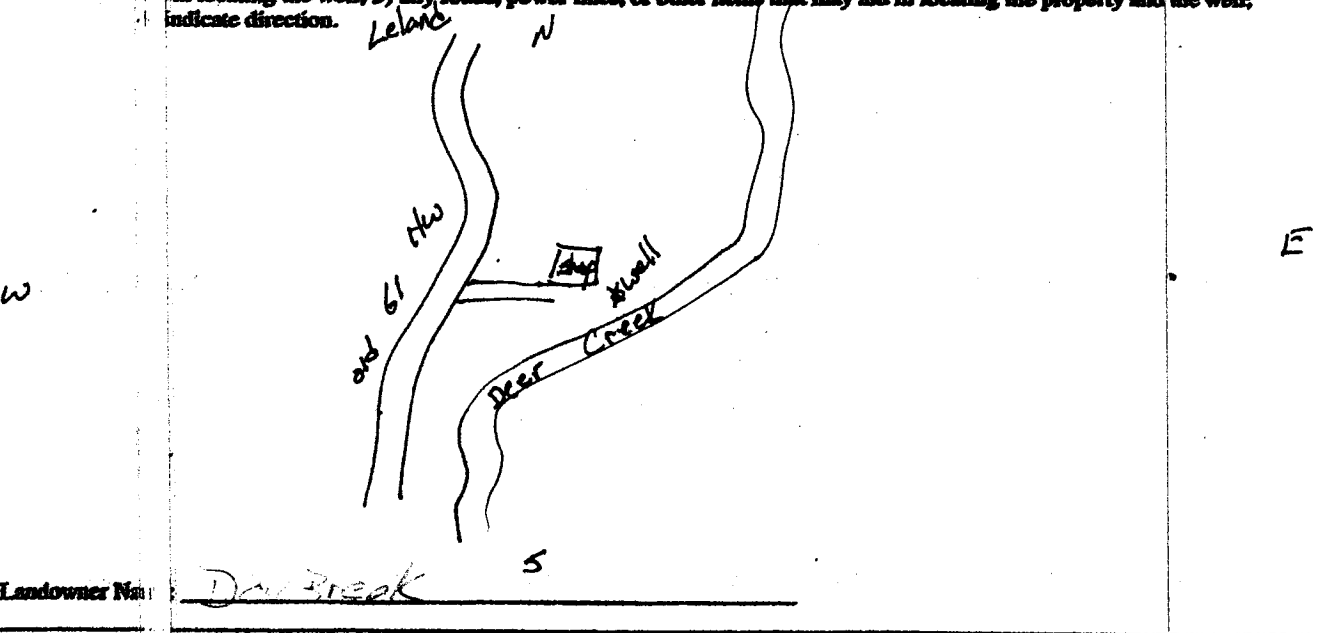
E. 179

Ground level

Description of Formations Encountered	From	To
Clay	0	20
med to coarse sand	20	40
Course sand	40	60
Fine sand	60	70
Course sand + gravel	70	120

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; indicate direction.



Charles M. Nichol
 Signature: _____
 Water Well Contractor

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STATE WELL RETURN

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 #: E-179

Elevation: _____

County: Washington

Permit #: _____

Driller: Charles M. Nichols

Date completed: 7-26-06

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		Well Location	
Owner Name: <u>DAYBREAK FARMING PARTNERS</u>	Latitude: <u>33°22'00N</u>	Longitude: <u>090°54'02W</u>	
Mailing Address: <u>504 SW DEER CREEK DA</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Leland MS 38756</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>35</u>	Twn <u>18</u> Rng <u>7W</u>
Telephone No. _____	Distance	Direction	Nearest Town
	<u>1 1/2 Miles</u>	<u>South of</u>	<u>Leland</u>

	Pump Type Circle one	Power Type Circle one
Air Lift	Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket	Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal	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>7-26-06</u>		Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute		Number of Stages: <u>1</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>22</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>3000</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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