County: Washington
Permit #: 6W42284
Driller: Charles M. Nichols
Date drilling completed: 10-25-07

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 #: <u> </u>	
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 barehole.

Department at the above address within 30 days of comp	vietion of drilling of the well or borehole.				
Information on Well Owner	Well or Borehole Location				
(Landowner if borehole is not for a water well) Owner Name STEELE FARTS	Latitude: 33 °22.054 N Longitude: 090 57; 949 W				
Mailing Address: 40 Riverside Rd	Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
Hellandare Ms 38748	SE 4 NW 4 Sec 3 Twn 8 Rng / W				
City State Zip Code Telephone No. ()	Distance Direction Nearest Town 4 Miles SE of Greenuille				
Well / Bore	hole Data				
Date drilling started: 10 75-07 Date drilling completed: 10 -26					
Location of the source of any surface water used for drilling: Di Method of dosing and volume of Chlorine used in drilling and develo	tch on Flagger Rd				
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:				
Purpose of borehole (check one): Water Well Geotechnical/Geolo	ogical Investigation Ground Source Heat Pump				
Seismic Survey Other (describe) If drilling is not related to water well construction	skip the remainder of this block				
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 23 feet above (r below) (circle one) land surface Date measured: 10-25-07					
Method of Measurement (circle one) steel tane electric tape air line other:					
Well depth: <u>83</u> Well grouted to a depth of <u>/D</u> feet Type of grout (circle one): Neat Centent Bentonite Mix					
Casing length: 43 feet Casing diameter: 16	inches Type of casing:				
Screen length: 40 feet Screen diameter: 16	inches Type of screen:				
Screen slot size: , 035 inches Setting depth: From	43 feet to \$3 feet				
Type of completion (circle all applicable): Gravel packed Underro	eamed Telescoped Open hole Natural Development				
Other (describe):					
Top of lap pipe or reduction in casing:feet. If tele	scoped or more than one screen, describe on next page				

Form: OLWR-SWR-1A

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C-184

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level.

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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Clara	Ground Level	
course sand clay.	25	76
clar.	76	83
	<u> </u>	
	l	
		<u> </u>
		<u> </u>
	-1	

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

Landowner Name: Steele Facus	114 a	perty 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; b) a north arrow.	
Differential Limits.		DELLA REAL	E

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

Charles M Nichols 0-0667 11-21-07 Charles M. Michola Print Name of Responsible Licensee and License No.

Signature of Licensee

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STATE WELL REPORT

Part 2

County: Washington **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Permit #: Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631

For Office Use Only:	
Aquifer:	
Well#: <u>E-184</u>	
Elevation:	

Driller: Charles M. Nichols Date completed: 10-26-07 (601)961-5210 (601)354-6938 (fax) Copy information from block on Part 1 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 Location Well Owner Information Latitude: 33°22,054 N Longitude: 090 57,949W Owner Name: STEELE FARMS Mailing Address: 40 Method of Lat/Long (check one): Conventional Survey____, USGS quad Hand-held GPS Survey-grade GPS Distance Direction Nearest Town 4 Miles SE of Greenville Telephone No. (Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Flowing Well Rotary Windmill Other (specify): Other (specify): Horse Power Rating of Motor: 40 Date Pump Installed: 10-26-07 Setting Depth: 60 feet Number of Stages: ____/ Rated Pump Capacity: 1800 Gallons Per Minute Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): 23 Feet Below Land Surface Other (specify): Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): feet after hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Charles M. Micho Signature of Pump Installer

Charles M. Nichols 0-0667 Print Name of Pump Installer and License No. (if applicable)

Form: OLWR-SWR-1B

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