

Aug 11 08 02:53p

Bill Schultz

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p. 1

County: Washington  
 Permit #: GW42762  
 Driller: Charles M. Nichols  
 Date drilling completed: 6-23-08

**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 #: E-188  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>BALLARD FARMS INC.</u>	Latitude: <u>33°22.278N</u> Longitude: <u>090°53.958W</u>
Mailing Address: <u>3392 Old Hwy 61</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>58</u>
<u>Leland MS 38256</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 Sec 35 Twn 18N Rng 7W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2 Miles South of Leland</u>

**Well / Borehole Data**

Date drilling started: 6-23-08 Date drilling completed: 6-23-08 Hole depth: 115 Hole diameter: 26

Location of the source of any surface water used for drilling: Deer Creek  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological 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: Replacement

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 6-23-08

Method of Measurement (circle one) steel-tape electric tape air line other: \_\_\_\_\_

Well depth: 115 Well grouted to a depth of 10 feet Type of grout (circle one): Neat ~~Cement~~ Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PIU

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

Screen slot size: .035 inches Setting depth: From 75 feet to 115 feet

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

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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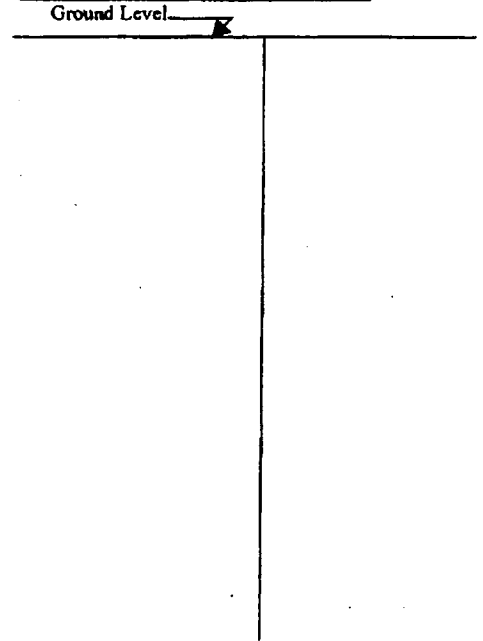
Aug 11 08 02:54p Bill Schultz 3355777

p. 2  
E-188

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

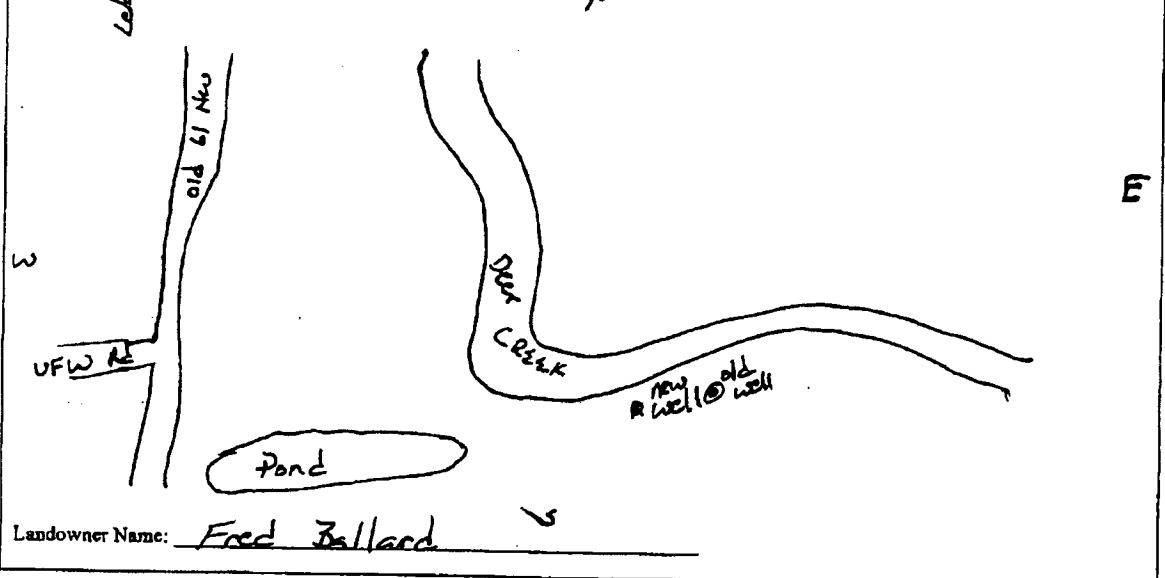
If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
sandy clay	Ground Level	20
clay	20	35
fine sand	35	40
med sand	40	58
clay	58	63
med to coarse sand	63	70
coarse sand - pe + gravel	70	115
clay	115	

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; 4) a north arrow.



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.

Charles M. Nichols 0-0667 8-11-08  
Print Name of Responsible Licensee and License No. Date

Charles M. Nichols  
Signature of Licensee

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p. 3

### 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: 6-30-08  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: E-188  
 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>Ballard Farms Inc.</u>	Latitude: <u>33°22'28"N</u> Longitude: <u>090°53'9.58"W</u>
Mailing Address: <u>3392 Old Hwy 61</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Leland Ms 38701</u> City State Zip Code	____ 1/4 ____ 1/4 Sec ____ T ____ R
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2 Miles South of Leland</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>Customer Pump.</u>	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-30-08</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2300</u> Gallons Per Minute	Number of Stages: <u>1-12in</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>2300</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  
 Print Name of Pump Installer and License No. (if applicable) Charles M. Nichols  
 Signature of Pump Installer

Form: OLWR-SWR-1B

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