

7-6-09

3

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 6-5-09

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 #: E191
 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' 20.6"</u> Longitude: <u>090° 53' 28.5"</u>
Mailing Address: <u>3392 Old Hwy 61</u>	Method of Lat/Long (circle one): <u>48"</u> Conventional Survey, <u>59"</u>
<u>Leland MS 38756</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 26 Twn 18 N Rng 7 W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1/2</u> Miles <u>SE</u> of <u>Leland</u>

Well / Borehole Data

Date drilling started: 6-5-09 Date drilling completed: 6-5-09 Hole depth: 103 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: HTH

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: _____

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 6-15-09

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

Well depth: 103 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 63 feet Casing diameter: 16 inches Type of casing: plc

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

Screen slot size: 1035 inches Setting depth: From 63 feet to 103 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

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: 6-5-09
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: E191
 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°22'48" N</u>	Longitude: <u>90°53'59" W</u>	
Mailing Address: <u>3392 Old Hwy 61</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Leland MS 38756</u>	USGS quad _____	Hand-held GPS <input checked="" type="checkbox"/>	Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 26 T18N R 7W</u>		
Telephone No. () _____	Distance <u>1/2</u> Miles	Direction <u>SE</u>	Nearest Town <u>Leland</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	<u>Diesel Engine</u>	Gasoline Engine	Natural Gas
Bucket	Piston	<u>Turbine</u>	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>60</u>		
Date Pump Installed: <u>6-9-09</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>1500</u> Gallons Per Minute			Number of Stages: <u>1 x 12</u>		

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line
Static Water Level (A): <u>25</u> Feet Below Land Surface	Electric Measuring Line
Pumping Water Level (B): _____ Feet Below Land Surface	<u>Steel Tape</u>
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: _____ Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): _____ hours	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Charles M. Nichols 00667
 Print Name of Pump Installer and License No. (if applicable) Charles M. Nichols
 Signature of Pump Installer Form: OLWR-SWR-1B