

FROM : DELTA IRRIGA

FAX NO. : 686 4683

Sep. 26 2005 10:00PM P1

### 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: 8-27-05

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: F-138  
 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>Fratesi PLANTING</u>	Latitude:	<u>33° 23' 00" N</u> Longitude: <u>090° 51' 53" W</u>
Mailing Address:	<u>1402 HWY 82 EAST</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>SE 1/4 NW 1/4 Sec. 30 Twp 18 N Rng 6 W</u>
Telephone No.:	<u>662-686-2253</u>	Distance	Direction
		<u>1 1/2 Miles</u>	<u>SE</u> at <u>LELAND</u>

**Well Data**

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

Date well drilling started: 8-27-05 Date well drilling completed: 8-27-05

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

Static Water Level: 19 feet above below (circle one) land surface Date measured: 8-27-05

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

Hole depth: 106 Well depth: 106 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 66 feet Casing diameter: 16 inches Type of casing: pvc

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

Screen slot size: .035 inches Setting depth: From 66 feet to 106 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): \_\_\_\_\_

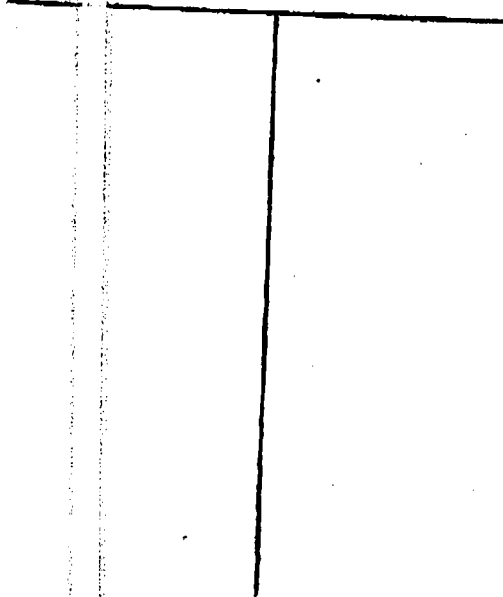
I certify that this well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

William L. Coppax 0-422 William Coppax  
 Print Name of Well Contractor and License No. Signature of Water Well Contractor

410-3015

F-138

Ground Water



Description of Formations Encountered	From	To
Clay	0	15
med sand	15	30
med to coarse sand	30	40
Coarse sand + p-gravel	40	105
clay	105	126

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.

Landowner Name: \_\_\_\_\_

*William L. Cooper*  
 Signature of Water Well Contractor

STATE WELL REGULATION

Part 2

Pump Installer's Completion Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39229-0631  
 (601)961-5210  
 (601)354-6936 (fax)

For Office Use Only:

Agidder: \_\_\_\_\_  
 Well #: F-138  
 Elevation: \_\_\_\_\_

County: Washington  
 Permit #: 01390  
 Driller: Charles M. Nichols  
 Date completed: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the pump installation.

Owner Name: Mailing Address:  City State Zip Code Telephone No.:	Well Owner Information	Well Location
		Latitude: <u>23°23'08" N</u> Longitude: <u>090°51'53" W</u>
		Method of Lat/Long (circle one): Conventional Survey, URGES quad, <u>Ground-based GPS</u> , Survey-grade GPS
		<u>SE 1/4 NW 1/4 Sec. 30 Twn 19N Rng 6W</u> Distance Direction Nearest Town <u>1 1/2 miles SE of Leland</u>

Air Lift Bucket Centrifugal Other (specify): Date Pump Inst: Rated Pump Cap:	Pump Type Circle one	Power Type Circle one
	Jet	Submersible
	Piston	<u>Turbine</u>
	Rotary	Flowing Well
		Diesel Engine Gasoline Engine Natural Gas
		Electric Motor Hand Tractor PTO
	Windmill Other (specify): _____	House Power Rating of Motor: <u>60</u>
		Setting Depth: <u>60</u> feet
		Number of Stages: <u>2</u>

Date Well Tested: Static Water Level (S): Pumping Water Level (B): Drawdown (B): Test Pumping Rate: Duration of Pumping (minimum 4 hours):	Pump Test Data	Method of Measuring Water Level Circle one
		Air Line Electric Measuring Line <u>Steel Tape</u>
		Other (specify): _____
		For flowing well, measured shut in head: _____ feet
		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 0-0667  
 Print Name of Pump Installer and License No. (if applicable) Charles M. Nichols  
 Signature of Pump Installer