

### 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)

County: Washington  
 Permit #: 01042714  
 Driller: Charles M. Nichols  
 Date drilling completed: 5-8-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: F-160  
 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.*

<p><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Fratesi P.L.Tg. Co</u>        Mailing Address: <u>1402 Hwy 82 E</u>  <u>Leland MS 38754</u>        City State Zip Code        Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 25' 10.4" N</u> Longitude: <u>090° 50' 36.5" W</u>        Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>06</u> <u>22</u>        USGS quad, <u>Hand-held GPS</u> Survey-grade GPS  <u>SW 1/4 SE 1/4 Sec 8</u> Twn <u>18 N</u> Rng <u>6 W</u>        Distance Direction Nearest Town  <u>2 1/2</u> Miles <u>E</u> of <u>Leland</u></p>
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**Well / Borehole Data**

Date drilling started: 5-1-08 Date drilling completed: \_\_\_\_\_ Hole depth: 113 Hole diameter: 26

Location of the source of any surface water used for drilling: Bogue  
 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: 21.8 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 113 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 73 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 73 feet to 113 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*

Delta Irrigation

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# 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 #: 6042714  
 Driller: Charles M. Nichols  
 Date completed: 5-8-08  
Copy information from block on Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F-160  
 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>Fratesi Farms</u>	Latitude: <u>33°25.104N</u> Longitude: <u>090°50.365W</u>
Mailing Address: <u>1402 Hwy 82E</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>LELAND MS 38256</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
City State Zip Code	_____ ¼ _____ ¼ Sec _____ T _____ R _____
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>2 1/2 Miles E 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 <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: _____	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2-12</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>21.8</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>2500</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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Form: OLWR-SWR-1B

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