

State Well Report

Part 1

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10031
 Jackson, MS 39229-0631
 (601)961-3210
 (601)354-8938 (fax)

County: Washington
 Permit #: GW 40533
 Driller: Charles M. Nichols
 Date drilling completed: 7-15-05

For Office Use Only:
 Aquifer: _____
 Well #: G-325
 L. S. Elevation: _____
 H-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>Aqua Farms</u>	Latitude: <u>33° 17' 03" N</u> Longitude: <u>010° 58' 34" W</u>
Mailing Address: <u>1274 WILHIT Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Greenville Ms 38701</u>	USGS grade: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	14 _____ 16 _____ 18 _____ 20 _____
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____

Well Data

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

Date well drilling started: 7-15-05 Date well drilling completed: 7-15-05 4267

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

Static Water Level: 37 feet above or below (circle one) land surface Date measured: 7-15-05

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

Hole depth: 90 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 16 inches Type of casing: plu

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

Screen slot size: 1.035 inches Setting depth: From 50 feet to 90 feet

Type of completion (circle all applicable): Gravel packed Underscreened 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 back of page

Logs run (circle all applicable): No logs Electric Gamma Ray Density Neutron Other: _____

Name of organization running log(s): _____

I certify that the 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.

Charles M. Nichols 0-0667 Charles M. Nichols
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

40533

REC'D FEB 06

RECEIVED

AUG - 2 2005

YMD JOINT WATER MANAGEMENT DISTRICT

6-325

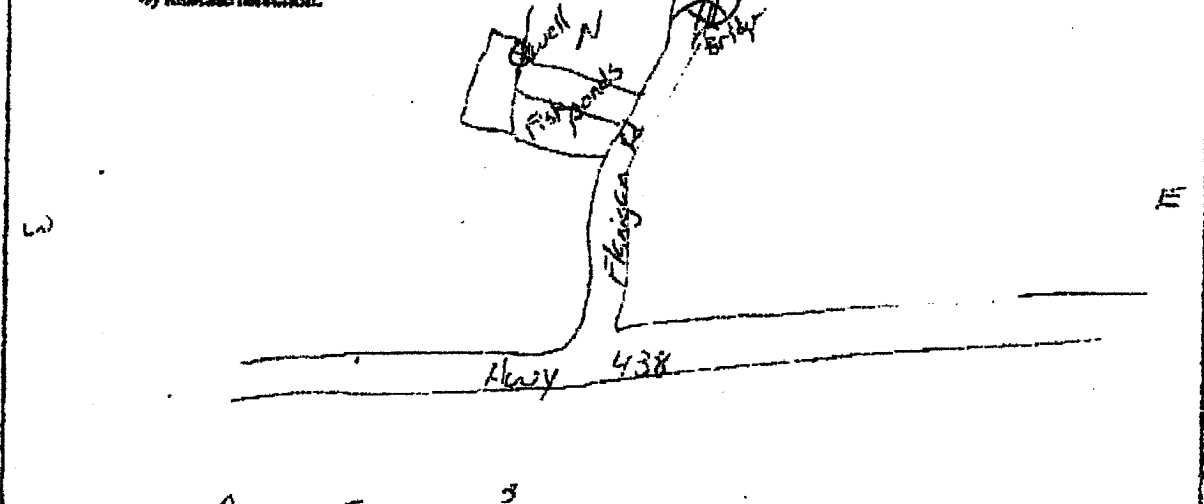
Ground Level

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Description of Formations Encountered	From	To
Clay	0	20
fine sand	20	30
mid to coarse sand	30	50
course sand & p-gravel	50	60
course sand	60	70
course sand & p-gravel	70	88
Clay	88	90

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 lines that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Agua Farms

Charles M. Schultz
 Signature of Well Well Contractor

REC'D FEB 06

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date completed: 7-26-05

STATE WELL RETURN
Part 2
Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10491
 Jackson, MS 39219-0491
 (601)961-5210
 (601)354-0928 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: 0325
 Elevation: _____

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

Well Owner Information	Well Location
Owner Name: <u>Agua Farms</u>	Latitude: <u>33°17'03" N</u> Longitude: <u>89°58'34" W</u>
Mailing Address: <u>1274 Walnut Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lumberville MS 38701</u>	USGS quad: (<u>Hand-held GPS</u>) Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 38 Twn 17N Rng 8W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4 Miles East of Lakeside</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Basinet Plunger Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>Customer's Pump used</u>	Horse Power Rating of Motor: <u>15 Hp.</u>
Date Pump Installed: <u>Matt Nichols</u>	Soring Depth: <u>60</u> feet
Name Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

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

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Matt Nichols 0-0667
 Print Name of Pump Installer and License No. (if applicable) Charles M. Nichols
 Signature of Pump Installer

REC'D FEB 06