

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)

For Office Use Only:

Aquifer: _____
Well #: G-326
L. S. Elevation: _____
E-log #: _____

County: Washington
Permit #: GW41649
Driller: Charles M. Nichols
Date drilling completed: 3-19-07

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, Inc</u>	Latitude: <u>33.18</u> °N Longitude: <u>090.59.44</u> W	Mailing Address: <u>1274 WILMET RD</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
Telephone No: _____	City: <u>Greenville MS</u> State: <u>MS</u> Zip Code: <u>38701</u>	SW 1/4 SE 1/4 Sec <u>28</u> Twn <u>17N</u> Rng <u>8W</u>	Distance: <u>2 1/2</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Wayside</u>

Well Data

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

Date well drilling started: 3-19-07 Date well drilling completed: 3-19-07

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 3-19-07

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

Hole depth: 87 Well depth: 87 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 67 feet Casing diameter: 16 inches Type of casing: pvc

Screen length: 20 feet Screen diameter: 16 inches Type of screen: pvc

Screen slot size: 1035 inches Setting depth: From 67 feet to 87 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.

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

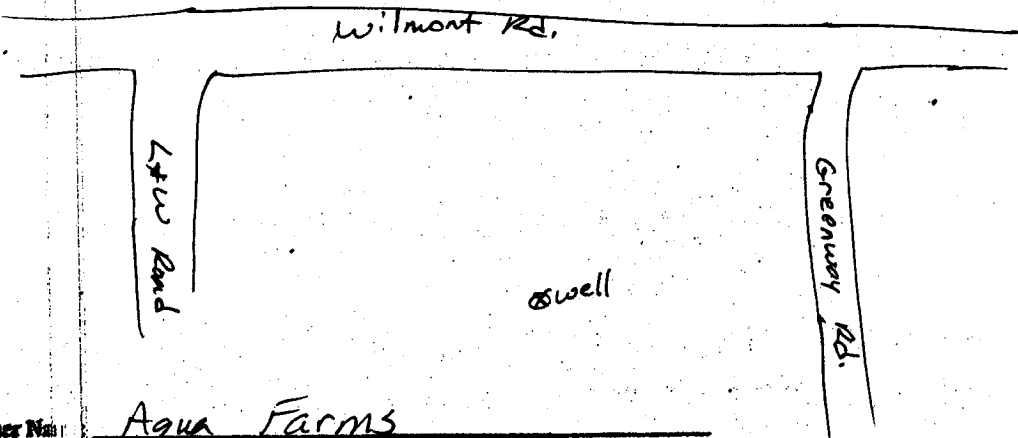
G-326

Groundwater Well OW41649

Description of Formations Encountered	From	To
clay	0	40
fine sand	40	67
course sand - p-gravel + gravel	67	83
clay	83	87

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: Aqua Farms

Charles M. Tishel
Signature: Water Well Contractor

STATE WELL RETURN

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)961-3210
(601)354-6938 (fax)

County: Washington
Permit #: 6W41649
Driller: Charles M. Nichols
Date completed: 3-29-04

For Office Use Only:

Aquifer: _____
Well #: G-326
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.

Owner Name: <u>Aqua Farms Inc</u> Mailing Address: <u>1274 WILLET RD</u> <u>GREENVILLE MS 38701</u> City State Zip Code Telephone No. _____	Well Owner Information	Latitude: <u>33°18'01N</u> Longitude: <u>090°59'44W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad</u> , <u>Hand-held GPS</u> , <u>Survey-grade GPS</u> ____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng Distance Direction Nearest Town <u>2 1/2 Miles NE of wayside</u>
	Well Location	

Air Lift Bucket Centrifugal Other (specify): _____ Date Pump Installed: <u>3-29-07</u> Rated Pump Capacity: <u>900</u> Gallons Per Minute	Pump Type Circle one	Power Type Circle one
	Jet <u>Submersible</u> Piston Turbine Rotary Flowing Well	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>20</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

Date Well Tested: _____ Static Water Level (A): <u>22</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B)-(A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Pump Test Data	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
	Method of Measuring Water Level Circle one	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer _____