

Nov 20 07 03:29p

Bill Schultz

3355777

p. 1

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 10-17-07

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)

For Office Use Only:
 Aquifer: _____
 Well #: G-337
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>JAMES HARDIN</u>	Latitude: <u>33° 17.759' N</u> Longitude: <u>091° 04' 41.3" W</u>
Mailing Address: <u>229 YOLLAND RD</u>	Method of Lat/Long (circle one): <u>45</u> Conventional Survey, <u>25</u>
<u>Greenville Ms 38701</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	1/4 Sec <u>13</u> Twn _____ Rng _____
Telephone No. () _____	Distance <u>8</u> Miles Direction <u>South</u> of Nearest Town <u>Greenville</u>

Well / Borehole Data

Date drilling started: 10-9-07 Date drilling completed: 10-17-07 Hole depth: 400 Hole diameter: 7 7/8 x 5 7/8

Location of the source of any surface water used for drilling: Black Bayou water Assoc.

Method of dosing and volume of Chlorine used in drilling and development: ATTA

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: 38 ft. feet above of below (circle one) land surface Date measured: 10-17-07

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

Well depth: 400 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 390 feet Casing diameter: 4 X 2 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 1.008 inches Setting depth: From 380 feet to 400 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: 180 feet *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

RECEIVED

NOV 20 2007

BY: OLWR

Nov 20 07 03:29p

Bill Schultz

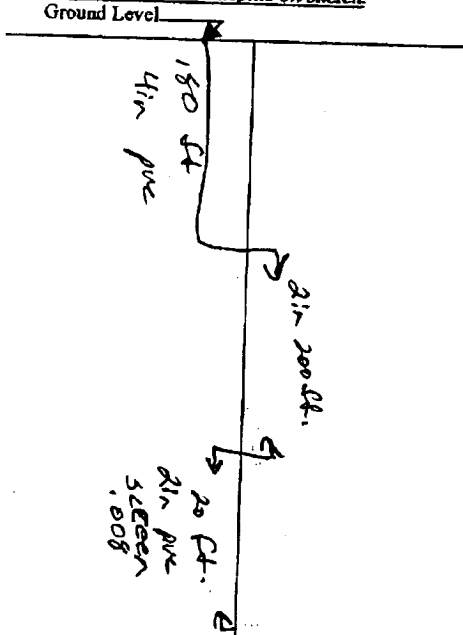
3355777

p.2

G-337

The sketch below only required for water wells

If well telescopes, show depths on sketch

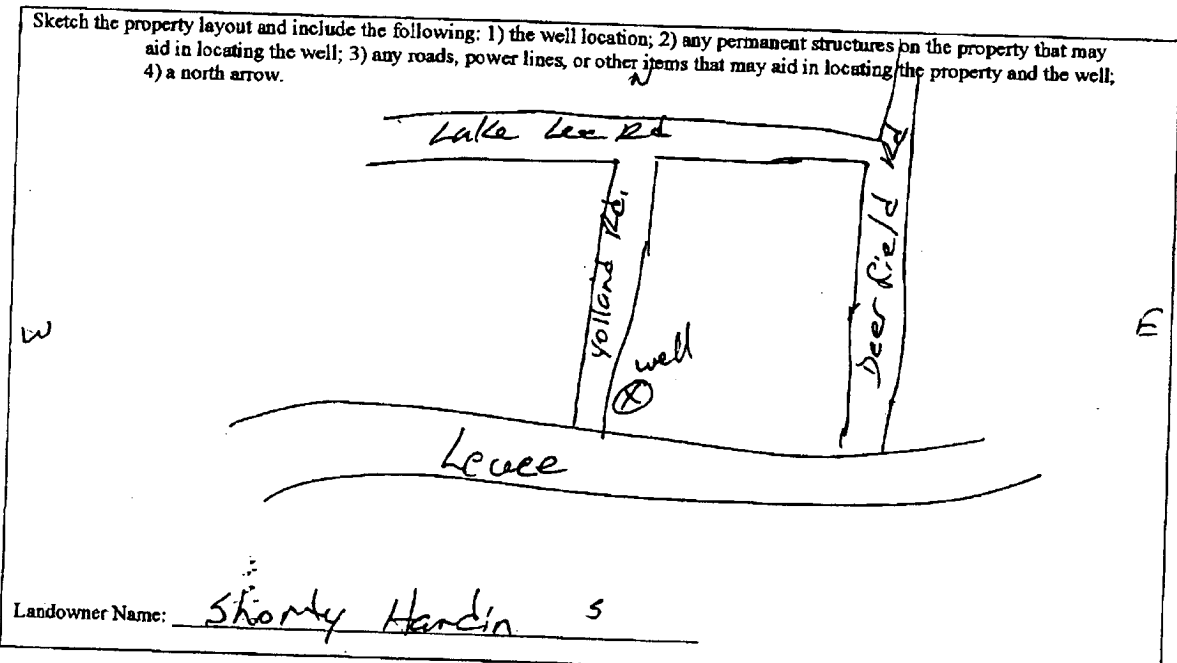


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Clay	0	40
sand	40	60
Course sand + gravel	60	120
Clay	120	320
med to fine sand	320	340
med sand	340	360
med to course sand	360	380
Course sand	380	400

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; 4) a north arrow.



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

Print Name of Responsible Licensee and License No. Charles M. Nichols Date 10-20-07 Signature of Licensee Charles M. Nichols

RECEIVED
NOV 20 2007
BY: OLWR

Nov 20 07 03:30p

Bill Schultz

3355777

p.3

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: 10-17-07
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: G-337
 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>JAMES HARDIN</u>	Latitude: <u>33° 17.759'</u>	Longitude: <u>091° 04.413'</u>	
Mailing Address: <u>229 YOLLAND Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Greenville MS 38701</u>	USGS quad _____ <u>Hand-held GPS</u> <input checked="" type="checkbox"/> Survey-grade GPS _____		
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____		
Telephone No. () _____	Distance	Direction	Nearest Town
	<u>8</u>	<u>South</u>	<u>of Greenville</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1</u>		
Date Pump Installed: <u>10-17-07</u>			Setting Depth: <u>120</u> feet		
Rated Pump Capacity: <u>25</u> Gallons Per Minute			Number of Stages: <u>8</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____	Static Water Level (A): <u>38</u> Feet Below Land Surface	Air Line	Electric Measuring Line
Pumping Water Level (B): _____ Feet Below Land Surface	Drawdown [(B) - (A)]: _____ Feet Below Land Surface	<u>Steel Tape</u>	
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	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 Charles M. Nichols
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED

NOV 20 2007

BY: OLWR