

# 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 #: OH-203  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Washington  
Permit #: OW 41650  
Driller: Charles M. Nichols  
Date drilling completed: 2-28-07

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° 17' 40" N</u> Longitude: <u>090° 57' 55" W</u>
Mailing Address: <u>1274 WILDT RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>GREENVILLE 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 30 Twn 17N Rng 07</u>
Telephone No: _____	Distance Direction Nearest Town <u>5 Miles NE of Wayside</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation <u>Fish Culture</u> Other: <u>Replacement</u>	
Date well drilling started: <u>2-16-07</u> Date well drilling completed: <u>2-28-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>2.8</u> feet above or below (circle one) land surface Date measured: <u>2-28-07</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>103</u> Well depth: <u>103</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite <u>Mix</u>	
Casing length: <u>73</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>30</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.035</u> inches Setting depth: From <u>73</u> feet to <u>103</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lay pipe reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> 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.	
Print Name of Well Contractor and License No. <u>Charles M. Nichols 0-0667</u>	Signature of Water Well Contractor <u>Charles M. Nichols</u>

Groundwater well 6W41650

Description of Formations Encountered	From	To
clay	0	20
med sand	20	40
med to coarse sand	40	70
coarse sand little p-gravel	70	80
coarse sand p-gravel + gravel	80	100
clay	100	103

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.

The sketch shows a property layout with several roads. A vertical road is labeled 'Flanagan Rd'. A horizontal road at the bottom is labeled 'Hwy 436'. A road on the left is labeled 'Wayside', and a road on the right is labeled 'Arcola'. A well location is marked with a circled 'X' near the top right. A building or structure is indicated by a rectangle at the intersection of Flanagan Rd and Hwy 436. A well casing is drawn extending from the well location down to Hwy 436.

Landowner Name: Agua Farms

Signature: Charles M. Nichols  
Water Well Contractor

**SHAR 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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: OH-203  
 Elevation: \_\_\_\_\_

County: Washington  
 Permit #: GW 41650  
 Driller: Charles M. Nichols  
 Date completed: 2-28-07

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>Aqua Farms Inc</u>	Latitude:	<u>33° 17' 40N</u> Longitude: <u>090° 57' 55W</u>
Mailing Address:	<u>1274 WILMOT Rd</u>	Method of Lat/Long (circle one):	Conventional Survey,
	<u>Greenville Ms 38701</u>	USGS quad:	<u>Hand-held GPS</u> , Survey-grade GPS
Telephone No.:		1/4 Sec:	<u>30</u> Twn: <u>17N</u> Rng: <u>0W?</u>
		Distance:	<u>5</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Wayside</u>

	Pump Type Circle one		Power Type Circle one		
	Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine
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>30</u>		
Date Pump Installed:	<u>2-28-07</u>		Setting Depth: <u>70</u> feet		
Rated Pump Capacity:	<u>1700</u> 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
Static Water Level (A):	<u>28</u> Feet Below Land Surface	<u>Steel Tape</u>	
Pumping Water Level (B):	_____ Feet Below Land Surface	Other (specify): _____	
Drawdown [(B)-A]:	_____ Feet Below Land Surface	For flowing well, measured slant in head: _____ feet	
Test Pumping Rate:	_____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
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