

Wednesday, July 27, 2005 1.00 PM

Bill Schultz 662 335.5777

p.04

County: Washington
 Permit #: QW 40529
 Driller: Charles M. Nichols
 Date drilling completed: 6-29-05

State Well Report

Part I

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 #: R-123
 L. S. Elevation: _____
 Ring #: _____

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>Greenlee Farm</u> | Latitude: <u>33° 13' 21" N</u> | Longitude: <u>89° 03' 57" W</u> | |
| Mailing Address: <u>359 P. Henderson</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> | | |
| <u>Parisville</u> MS <u>38701</u> | USGS quad, Hand-held GPS, Survey-grade GPS | | |
| City State Zip Code | <u>Sec 14 Twp 16N Rng 8W</u> | | |
| Telephone No. _____ | Distance _____ Miles | Direction <u>2W</u> | Nearest Town <u>Paris</u> |

Well Data

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

Date well drilling started: 6-29-05 Date well drilling completed: 6-29-05

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 6-29-05

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

Hole depth: 110 Well depth: _____ Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 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 70 feet to 110 feet

Type of completion (circle all applicable): Gravel packed Undersanded 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

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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)

Per Office Use Only:

Aquifer:
Well #: K-123
Elevation:

County: Wash
Permit #: GW 40529
Driller: Charles N. Nichols
Date completed: 6-30-05

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 and Well Location section containing fields for Owner Name, Mailing Address, Telephone No., Latitude, Longitude, Method of Lat/Long, USGS quad, and Distance/Direction.

Pump Type and Power Type section containing selection options for Air Lift, Turbine, Diesel Engine, Gasoline Engine, etc., and fields for Date Pump Installed, Rated Pump Capacity, and Number of Stages.

Pump Test Data and Method of Measuring Water Level section containing fields for Date Well Tested, Static Water Level, Pumping Water Level, Drawdown, Test Pumping Rate, Duration of Pump Test, and measurement methods like Air Line or Electric Measuring Line.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Print Name of Firm: Charles N. Nichols 0-0667
Signature of Pump Installer: Charles N. Nichols

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