

Dated 3-26-09

County: Washington
 Permit #: QW43125
 Driller: Charles M. Nichols
 Date drilling completed: 3-10-09

State Well Report
Part I - 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 #: L-183
 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) <u>McKENZIE FAMILY FARMS</u> Owner Name: <u>JERRY M. KENZIE</u> Mailing Address: <u>620 TILANBERY LANE</u> <u>Ridgeland MS 39157</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: <u>33°15.374 N</u> Longitude: <u>090°54.978 W</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>59</u> USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>N 1/4</u> <u>N 1/4</u> Sec <u>10</u> Twn <u>16 N</u> Rng <u>7 W</u> Distance Direction Nearest Town <u>2 1/2</u> Miles <u>SW</u> of <u>Arceola</u>
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Well / Borehole Data

Date drilling started: 3-10-09 Date drilling completed: 3-10-09 Hole depth: 100 Hole diameter: 20

Location of the source of any surface water used for drilling: Ditch
 Method of dosing and volume of Chlorine used in drilling and development: HTH

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: 27 feet above or below (circle one) land surface Date measured: 3-20-09

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 60 feet to 100 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: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch

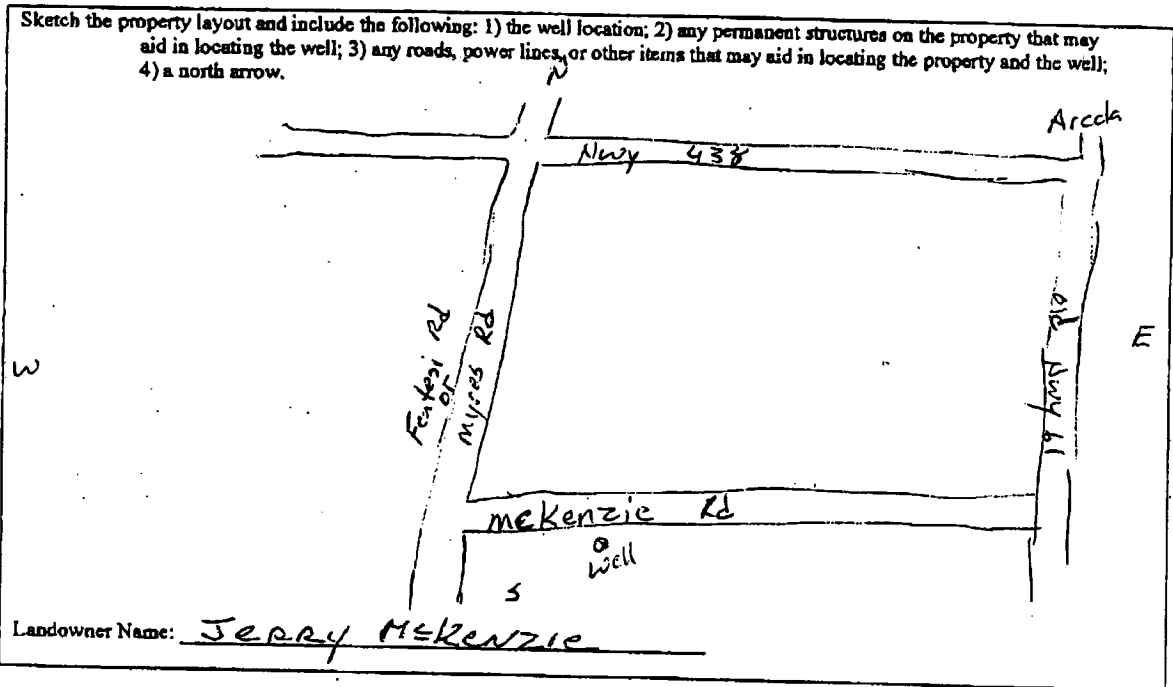
Ground Level

GW43125

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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	25
Fine sand	25	30
med sand	30	50
Coarse sand	50	60
Coarse sand + gravel	60	80
Coarse sand + gravel	80	100

If more than one screen, show location of each on sketch



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 0-0667 Date 3-25-09

Signature of Licensee RECEIVED

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BY: OLWP

Field 3-26-09

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 #: 6WU3125
Driller: Charles M. Nichols
Date completed: _____
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: L-183
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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>McKENZIE FAMILY FARMS</u> <u>JERRY MCKENZIE</u></p> <p>Mailing Address: <u>620 Turnberry Lane</u> <u>Ridge Land MS 39157</u> City State Zip Code</p> <p>Telephone No. () _____</p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>33°15.374N</u> Longitude: <u>090°54.978W</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ _____ 1/4 _____ 1/2 Sec _____ T _____ R _____</p> <p>Distance _____ Direction _____ Nearest Town _____ <u>2 1/2 Miles SW of Arcola</u></p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/></p> <p>Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/></p> <p>Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/></p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>3-20-09</u></p> <p>Rated Pump Capacity: <u>500</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/></p> <p>Windmill <input type="checkbox"/> Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>10 hp.</u></p> <p>Setting Depth: <u>70</u> feet</p> <p>Number of Stages: <u>1</u></p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): <u>27</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded <u>500</u> GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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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

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Form: OLWR-SWR-1B

MAR 26 2009

BY: OLWR