

Filed 5-27-09

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 5-27-09

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 #: L-187
 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>McKENZIE FAMILY FARMS</u> | Latitude: <u>33° 16' 07"</u> Longitude: <u>90° 58' 35"</u> |
| Mailing Address: <u>904 MEDALLION DR</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Greenwood MS 38930</u> | <u>N 1/4 NE 1/4 Sec 4 Twn 16 N Rng 7 W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. () | <u>2 1/2 Miles West of Arcola</u> |

Well / Borehole Data

Date drilling started: 4-10-09 Date drilling completed: 5-27-09 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: 14714

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 below (circle one) land surface Date measured: 4-10-09

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: 1032 inches Setting depth: From 60 feet to 100 feet

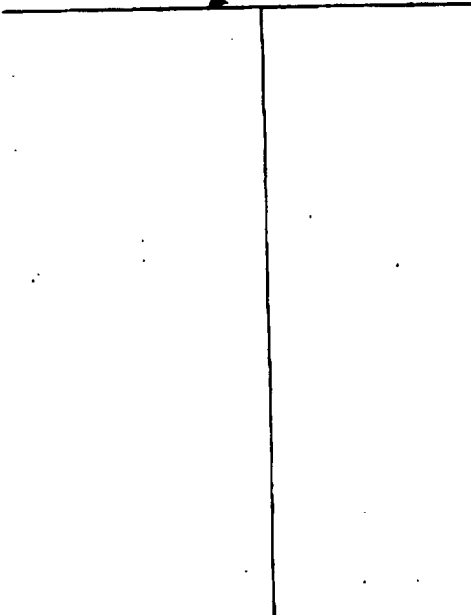
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

The sketch below only required for water wells

If well telescopes, show depths on sketch
Ground Level. \rightarrow



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) |
|---------------------------------------|--------------|------------|
| | Ground Level | 20 |
| clay | | 20 |
| sandy clay | 20 | 30 |
| course sand | 30 | 50 |
| med to coarse sand | 50 | 60 |
| course sand + g-gravel | 60 | 90 |
| med to coarse sand | 80 | 90 |
| course sand + gravel | 90 | 98 |
| clay | 98 | 100 |
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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.

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Landowner Name: McKENZIE FAMILY FARMS

Form: OLWR-SWR-1A

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.

Charles M. Nichols 0-0667 5-27-09 Charles M. Nichols
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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)

For Office Use Only:

Aquifer: _____

Well #: 4187

Elevation: _____

County: Washington

Permit #: _____

Driller: Charles M. Nichols

Date completed: 5-27-09

Copy information from block on Part 1

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>MSKENZIE FAMILY FARMS</u> | Latitude: <u>33° 16' 07"</u> Longitude: <u>90° 35' 35"</u> |
| Mailing Address: <u>904 MEDALLION DR.</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Greenwood MS 38930</u> City State Zip Code | USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| Telephone No. () _____ | NW ¼ NE ¼ Sec <u>4</u> T <u>16</u> N R <u>7</u> W |
| | Distance Direction Nearest Town |
| | <u>2 1/2</u> Miles <u>West</u> of <u>Arcola</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> <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>4-11-09</u> | Setting Depth: <u>70ft x 6in</u> feet |
| Rated Pump Capacity: <u>1500</u> Gallons Per Minute | Number of Stages: <u>1 x 8in</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>5-27-09</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>27</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shot in head: _____ feet |
| Drawdown ((B) - (A)): _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute | |
| 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
Print Name of Pump Installer and License No. (if applicable)

Charles M. Nichols
Signature of Pump Installer

Form: OLWR-SWR-1B