

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)

County: Washington
Permit #: 6W 40221
Driller: Charles M. Nichols
Date drilling completed: 5-18-05

For Office Use Only:
Aquifer: _____
Well #: M-185
L. S. Elevation: _____
E-log #: _____

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>CRONK & FARR</u>	Latitude: <u>33° 11' 36" N</u> Longitude: <u>090° 49' 57" W</u>
Mailing Address: <u>B2466</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>HOLLANDALE MS 38701</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 32 Twn 16N Rng 6W</u>
Telephone No. () _____	Distance _____ Miles Direction <u>NE</u> Nearest Town <u>Hollandale</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: JUN 08 2005

Date well drilling started: 5-18-05 Date well drilling completed: 5-18-05

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

Static Water Level: 27 1/2 feet above or below (circle one) land surface Date measured: 5-18-05

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 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 40-60 feet to 50-100 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): solid pipe between screens

Top of lap pipe or 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 the 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
Print Name of Water Well Contractor and License No.

Charles M. Nichols
Signature of Water Well Contractor

40221

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 #: M-185
L. S. Elevation: _____
E-log #: _____

County: Washington
Permit #: GW40821
Driller: Charles M. Nichols
Date drilling completed: 5-18-05

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>SPROW & FARR</u>	Latitude: <u>33° 11' 36" N</u> Longitude: <u>90° 49' 57" W</u>
Mailing Address: <u>Box 66</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>HOLLANDALE MS 38701</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 32 Twn 16N Rng 6W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1</u> Miles <u>NE</u> of <u>Hollandale</u>

Well Data

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

Date well drilling started: 5-18-05 Date well drilling completed: 5-18-05

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

Static Water Level: 27 1/2 feet above or below (circle one) land surface Date measured: 5-18-05

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 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 40-60 feet to 80-100 feet

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

Other (describe): Solid pipe between screens

Top of lap pipe or 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 the 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.

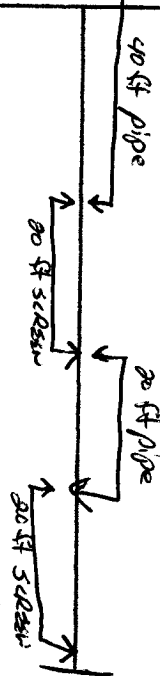
Charles M. Nichols 0-0667
Print Name of Water Well Contractor and License No.

Charles M. Nichols
Signature of Water Well Contractor

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M-185

Ground Level GW40201



Description of Formations Encountered

	From	To
Clay	0	20
fine sand	20	40
med sand	40	60
fine sand	60	80
course sand	80	99
clay	99	100

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) indicate direction.

A hand-drawn sketch of a property layout. A vertical road labeled "Hwy 61 N" is on the left. A horizontal road labeled "Hwy 12" is at the bottom. Two rectangular buildings are shown: "Sanders seed" and "shop". A well is marked with a circle and "P" and labeled "well". A north arrow "N" is at the top, and an east arrow "E" is on the right. The number "3" is written at the bottom center.

Landowner Name: _____

Charles M. [Signature]
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)

County: Washington
 Permit #: GW 40221
 Driller: Charles M. Nichols
 Date completed: 5-20-05

For Office Use Only:

Aquifer: _____
 Well #: M-185
 Elevation: _____

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>LOWE & FARR</u> Mailing Address: <u>BOX 46</u> <u>HOLLANDALE MS 38748</u> City State Zip Code Telephone No. () _____	Latitude: <u>33° 11' 36 N</u> Longitude: <u>090° 49' 57 W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW 1/4 SE 1/4 Sec 32 Twn 16N Rng 6W</u> Distance Direction Nearest Town <u>1 Miles NE of Hollandale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/> Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>5-20-05</u> Rated Pump Capacity: <u>1800</u> Gallons Per Minute	<u>Diesel Engine</u> <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>27</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> 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

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