

Filed 5-6-09

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 4-6-09

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 #: M-209
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Geo. C. Weathers IV</u> <u>WEATHERS FARMS</u></p> <p>Mailing Address: <u>112 Bayou Rd.</u> <u>Greenville MS 38701</u> <small>City State Zip Code</small></p> <p>Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 15' 19" N</u> Longitude: <u>090° 50' 56" W</u> <small>12 34</small></p> <p>Method of Lat/Long (circle one): Conventional Survey, _____</p> <p>USGS quad: <u>Hand-held GPS</u> Survey-grade GPS _____</p> <p><u>NE 1/4</u> Sec <u>8</u> Twn <u>16N</u> Rng <u>6W</u></p> <p>Distance Direction Nearest Town <u>3</u> Miles <u>SE</u> of <u>Accola</u></p>
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Well / Borehole Data

Date drilling started: 4-6-09 Date drilling completed: 4-6-09 Hole depth: 80 Hole diameter: 7 7/8

Location of the source of any surface water used for drilling: Fish Pond
 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: Farm Shop

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 80 Well grouted to a depth of 10 feet Type of grout (circle one): Neat ~~Grout~~ Bentonite Mix

Casing length: 50 feet Casing diameter: 4 inches Type of casing: pile

Screen length: 30 feet Screen diameter: 4 inches Type of screen: pile

Screen slot size: 0.13 inches Setting depth: From 50 feet to 50 feet

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

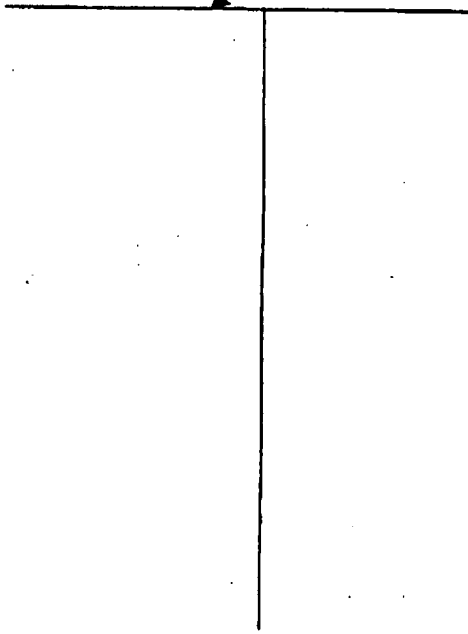
Top of lap pipe or reduction in casing: _____ feet *If telescoped or more than one screen, describe on next page*

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 BY: OLWF

The sketch below only required for water wells

If well telescopes, show depths on sketch

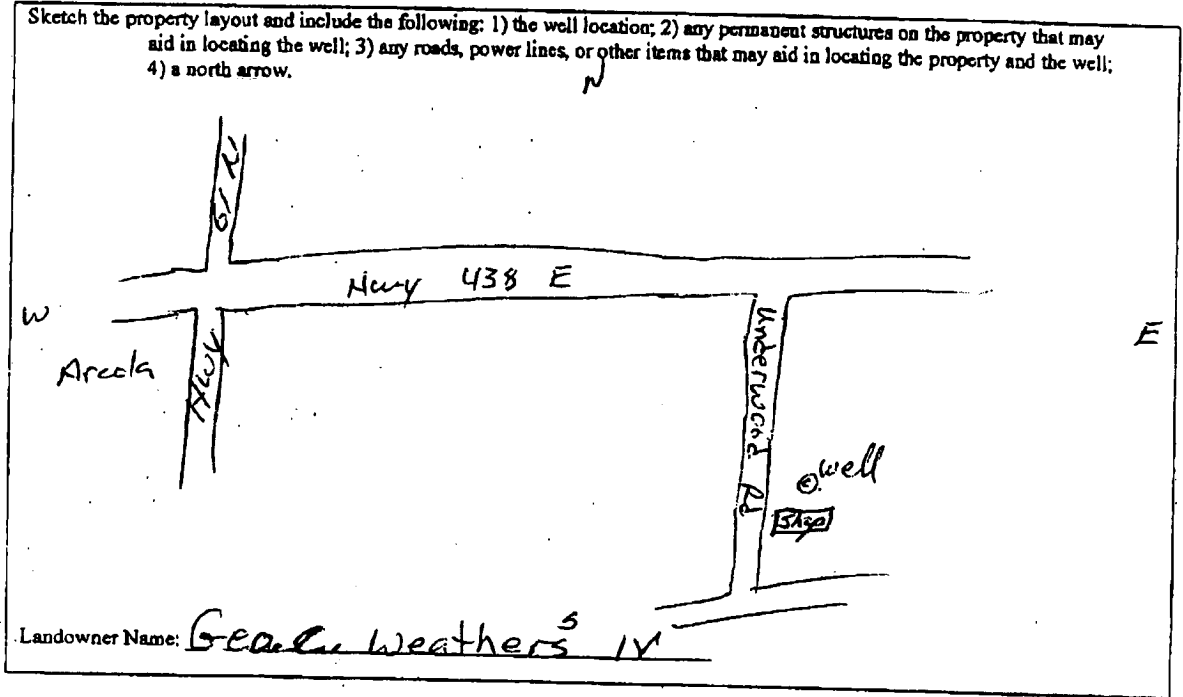
Ground Level →



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	17
med sand	17	25
course sand	25	80

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.

Charles M. Nichols 5-6-09
Print Name of Responsible Licensee and License No. Date

Charles M. Nichols
Signature of Licensee

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OLWR

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 #: _____
Driller: Charles M. Nichols
Date completed: 4-15-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: M-204
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.

Well Owner Information	Well Location
Owner Name: <u>Geo. C. Weathers IV</u>	Latitude: <u>33° 15.191N</u> Longitude: <u>090° 50.562W</u>
Mailing Address: <u>WEATHERS FARMS</u> <u>112 Bayou Rd.</u> <u>Greenville MS 38701</u> <small>City State Zip Code</small>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. () _____	Distance Direction Nearest Town <u>3</u> Miles <u>SE</u> of <u>Arrola</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2 hp.</u>
Date Pump Installed: <u>4-15-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>21</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut 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 Charles M. Nichols
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B