

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)961-3210
(601)354-6938 (fax)

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 12-12-06

For Office Use Only:

Aquifer: _____
 Well #: P-146
 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>Ken GAILEY</u> | Latitude: <u>33° 08' 00"</u> Longitude: <u>090° 49' 34" W</u> |
| Mailing Address: <u>P.O. Box 31277</u> <u>Jackson MS. 39286</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>1/4</u> <u>1/4</u> Sec <u>21</u> Twn <u>15N</u> Rng <u>6W</u> |
| Telephone No. <u>601, 624-0350</u> | Distance <u>4</u> Miles Direction <u>SE</u> of Nearest Town <u>Hollandale</u> |

Well Data

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

Date well drilling started: 12-6-06 Date well drilling completed: 12-12-06

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

Static Water Level: 34 feet above or below (circle one) land surface Date measured: 12-12-06

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

Hole depth: 500 Well depth: 427 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 407 feet Casing diameter: 4 1/2 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 1.008 inches Setting depth: From 407 feet to 427 feet

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

Other (describe): _____

Top of lap pipe reduction in casing: 167 feet. If telescoped or more than one screen, describe on back of page

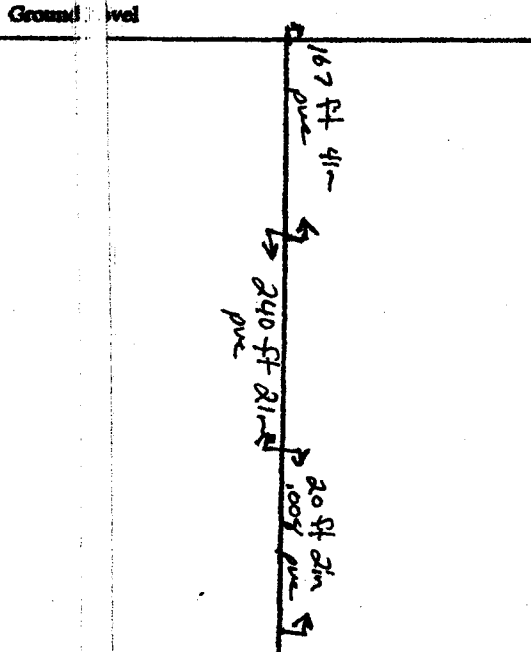
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

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 Water Well Contractor and License No. Signature of Water Well Contractor

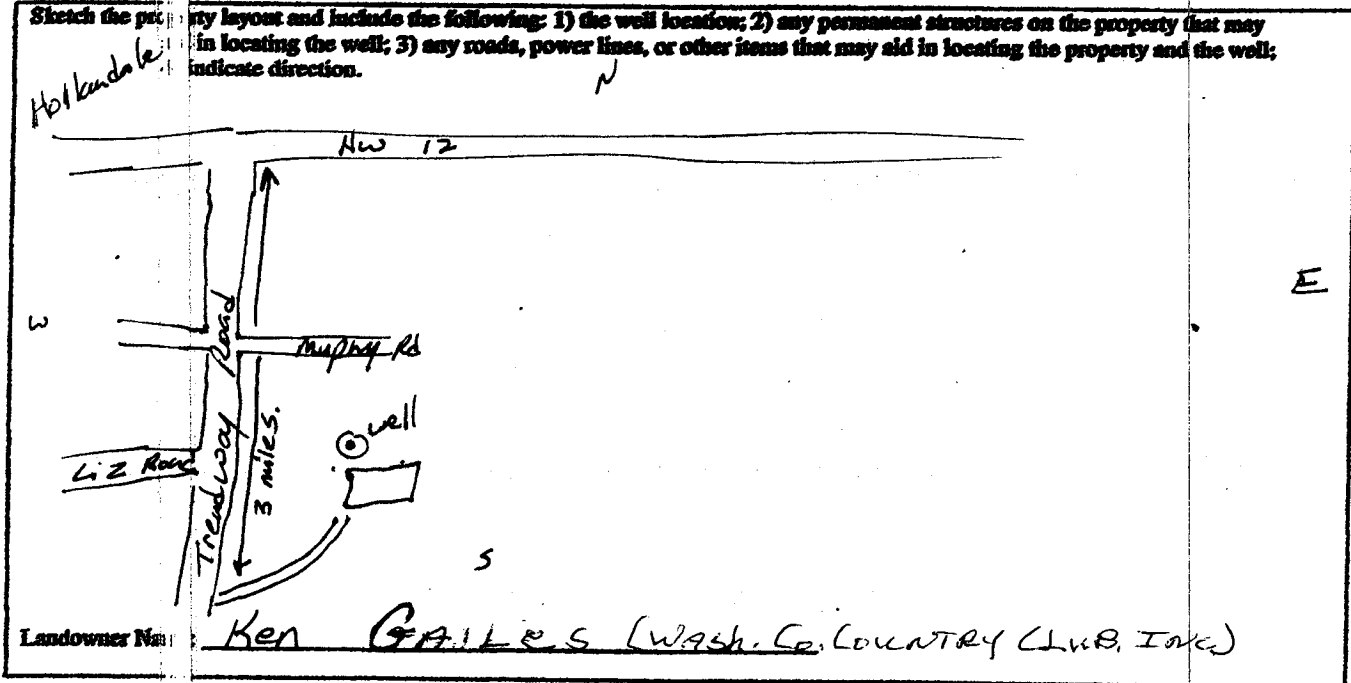
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| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| clay | 0 | 20 |
| sand | 20 | 60 |
| course sand + gravel | 60 | 205 |
| clay | 205 | 320 |
| sandy shell | 320 | 340 |
| fine sand | 340 | 388 |
| shell + lignite | 388 | 400 |
| med sand | 400 | 430 |
| fine to med sand | 430 | 460 |
| shell | 460 | 470 |
| fine | 470 | 490 |
| clay | 490 | 500 |
| | | |
| | | |
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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; indicate direction.



Signature: Charles M. Nichols
 Water Well Contractor

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STATE WELL RETURN

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 #: P-146
 Elevation: _____

County: Washington
 Permit #: _____
 Driller: Charles M. Nichols
 Date completed: 12-12-06

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>WASH. CO. COUNTY CLUB, INC. Ken GAILES</u> Mailing Address: <u>P.O. Box 31277 Jackson MS. 39286</u> City: _____ State: _____ Zip Code: _____ Telephone No.: <u>601, 624-0350</u> | Latitude: <u>33°08'00N</u> Longitude: <u>090°49'34W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>15N</u> Rng <u>6W</u> Distance Direction Nearest Town <u>4 Miles SE of Hollandale</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift: Jet <input type="radio"/> <u>Submersible</u> Bucket: Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal: Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>12-12-06</u> Rated Pump Capacity: <u>20</u> Gallons Per Minute | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1 HP</u> Setting Depth: <u>100</u> feet Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: _____ Static Water Level (A): <u>34</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B)-(A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>20</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours | Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____ For flowing well, measured static 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
 Print Name of Pump Installer and License No. (if applicable) Charles M. Nichols
 Signature of Pump Installer

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