

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 #: P-149
L. S. Elevation: _____
E-log #: _____

County: Washington
Permit #: OW41674
Driller: Charles M. Nichols
Date drilling completed: 3-9-07

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>GAMIER PLANTING Co</u>	Latitude: <u>33° 07' 22" N</u> Longitude: <u>090° 51' 06" W</u>
Mailing Address: <u>160 GAMIER Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Hollandale Ms 38748</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NE 1/4 Sec 30 Twn 15N Rng 6W</u>
Telephone No: _____	Distance _____ 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: 3-9-07 Date well drilling completed: 3-9-07

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 3-9-07

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

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 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 70 feet to 110 feet

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

Top of lap pipe 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 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 _____
Print Name of Well Contractor and License No. Signature of Water Well Contractor

GW41674

P-149

Ground wel

Description of Formations Encountered	From	To
Clay	0	25
med sand	25	40
COURSE SAND	40	60
COURSE SAND - p-gravel + gravel	60	110

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.

The sketch shows a property layout with the following features:

- Hwy 61 South:** A horizontal line at the top.
- Deer Creek:** A wavy horizontal line below the highway.
- Shop:** A rectangular box on the right side.
- Well Pivot:** A circled dot with the text 'well pivot' next to it, located in the lower right quadrant.
- Cardinal Directions:** 'N' at the top, 'S' on the left, 'E' at the bottom, and 'W' at the top center.

Landowner Name: Van Johnson

Charles M. Nichols
 Signature: Water Well Contractor

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

For Office Use Only:

Aquifer: _____
 Well #: P-149
 Elevation: _____

County: Washington
 Permit #: 6W 41674
 Driller: Charles M. Nichols
 Date completed: 3-17-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Owner Name: Mailing Address: City State Zip Code Telephone No.:	Well Owner Information <u>Garnier Planting Co</u> <u>160 GARNIER RD</u> <u>Hollandale MS 38748</u>	Well Location Latitude: <u>33° 07' 22N</u> Longitude: <u>090° 51' 06W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS ¼ Sec <u>30</u> Twn <u>15N</u> Rng <u>6W</u> Distance Direction Nearest Town <u>3 Miles SE of Hollandale</u>

Air Lift Bucket Centrifugal Other (specify): Date Pump Installed: Rated Pump Capacity:	Pump Type Circle one Jet Submersible Piston Turbine Rotary Flowing Well	Power Type Circle one <u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): Horse Power Rating of Motor: <u>200 hp gear Drive</u> Setting Depth: <u>70</u> feet Number of Stages: <u>3</u>

Date Well Tested: Static Water Level (A): Pumping Water Level (B): Drawdown ((B)-A): Test Pumping Rate: Duration of Pump Test (minimum 4 hours):	Pump Test Data <u>25</u> Feet Below Land Surface ____ Feet Below Land Surface ____ Feet Below Land Surface ____ Gallons Per Minute ____ hours	Method of Measuring Water Level Circle one Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): For flowing well, measured static 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
 Print Name of Pump Installer and License No. (if applicable) Charles M. Nichols
 Signature of Pump Installer