

Jan 12-14-08

County: Washington
 Permit #: MS-CW-49344
 Driller: Charles M. Nichols
 Date drilling completed: 11-18-08

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 #: P-170
 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>GARNIER PLANTING Co.</u>	Latitude: <u>33° 08' 51.7" N</u> Longitude: <u>90° 50' 43.0" W</u>
Mailing Address: <u>1160 Garnier Rd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Hollandale Ms 38748</u>	USGS quad: <u>SE 1/4 Sec 17 Twp 15N Rng 6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	<u>2</u> Miles <u>South</u> of <u>Hollandale</u>

Well / Borehole Data

Date drilling started: 11-18-08 Date drilling completed: 11-18-08 Hole depth: 120 Hole diameter: 2 1/2 in

Location of the source of any surface water used for drilling: Deer Creek

Method of dosing and volume of Chlorine used in drilling and development: _____

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, ship 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: 19.8 feet above or below (circle one) land surface Date measured: 11-18-08

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 50 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 50 feet to 120 feet

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

Other (describe): _____

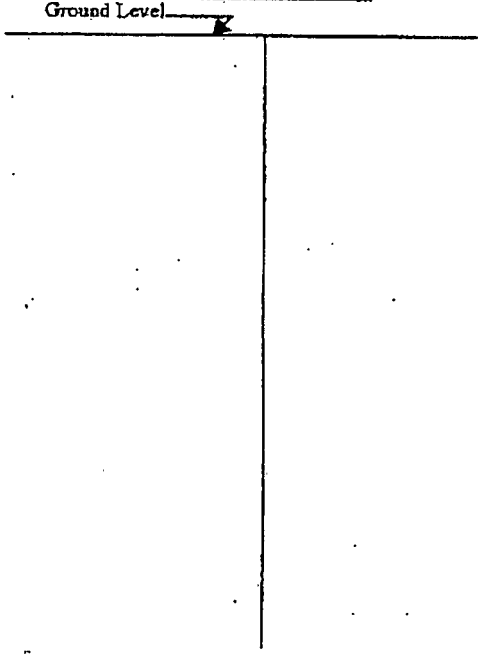
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

The sketch below only required for water wells

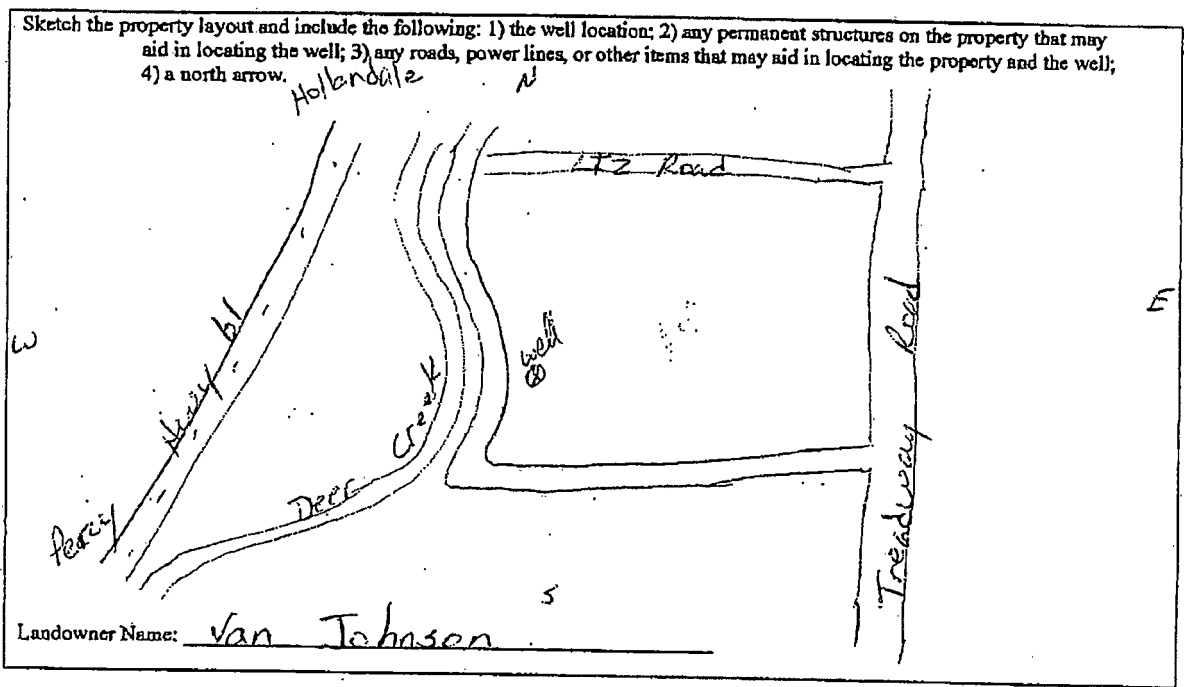
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Top soil	Ground Level	7
Clay	7	35
Fine sand	35	40
fine to med sand	40	50
med sand	50	70
Coarse sand + gravel	70	120

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.

Print Name of Responsible Licensee and License No. Charles M. Nichols 0-0667 Date 12-10-08

Signature of Licensee Charles M. Nichols

Form: OLWR-SWR-1A

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 #: P-170
Elevation: _____

County: Washington
Permit #: _____
Driller: Charles M. Nichols
Date completed: 12-8-08
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>GAVIER PLANTING CO.</u>	Latitude: <u>33°08.517N</u> Longitude: <u>90°50.438W</u>
Mailing Address: <u>160 GAVIER RD.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hollandale MS 38748</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. () _____	Distance Direction Nearest Towna
	<u>2</u> Miles <u>South</u> of <u>Hollandale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>160</u>
Date Pump Installed: <u>12-8-08</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2-12</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>19</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
Print Name of Pump Installer and License No. (if applicable)

Charles M. Nichols
Signature of Pump Installer

Form: OLWR-SWR-1B