

County: Washington
 Permit #: GW43312
 Driller: Charles M. Nichols
 Date drilling completed: 5-13-09

State Well Report
Part 1 - 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 #: R70
 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>M. MYERS FARMS</u>	Latitude: <u>33° 01' 26" N</u> Longitude: <u>091° 06' 37" W</u>
Mailing Address: <u>109 YOLLAND RD</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>GREENVILLE MS 3870</u>	USGS quad, <u>(hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>1R 1/2 1R 1/2 Sec 9 Twn 14N Rng 9W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>5 1/2 Miles South of Chatham</u>

Well / Borehole Data

Date drilling started: 4-10-09 Date drilling completed: 5-13-09 Hole depth: 110 Hole diameter: 26

Location of the source of any surface water used for drilling: Lake Jackson
 Method of dosing and volume of Chlorine used in drilling and development: H 7H

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: _____

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

Static Water Level: 11 feet above or below (circle one) land surface Date measured: 4-10-09

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat 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: 1.035 inches Setting depth: From 70 feet to 110 feet

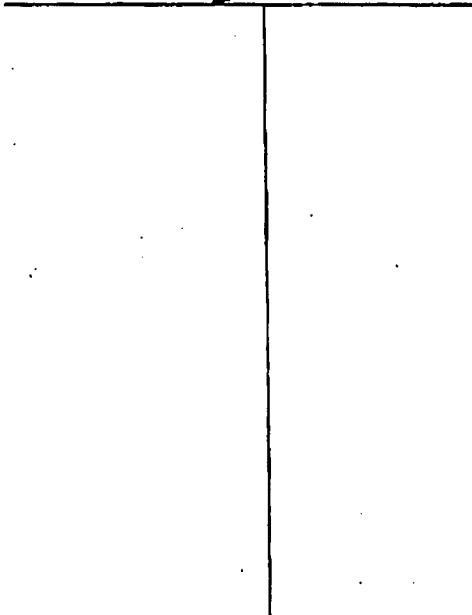
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

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

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)
Sandy clay	Ground Level	25
sand + logs	25	40
med sand	40	70
course to med sand	70	85
course sand + p-ground	85	103
clay	103	105
cemented gravel	105	106
clay	106	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; 4) a north arrow.

Landowner Name: Martin Myers

Form: OLWR-SWR-1A

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 0-067 5-2709

Charles M. Nichols

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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: 5-13-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: R70
 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>M. MYERS FARMS</u> Mailing Address: <u>109 YOLLAND RD.</u> <u>GREENVILLE MS 38701</u> <small>City State Zip Code</small>	Latitude: <u>33° 01' 26" N</u> Longitude: <u>091° 06' 37" W</u> <small>43 22</small> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>1R 1/2 1R 1/2 Sec 9 T14N R 9W</u> Distance Direction Nearest Town <u>5 1/2 Miles South of Chatham</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <input checked="" type="checkbox"/> Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: <u>1500</u> Gallons Per Minute	<input checked="" type="checkbox"/> Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1 x 12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>11</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 Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape 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

Form: OLWR-SWR-1B