

County: Washington
 Permit #: OLW 42831
 Driller: Charles M. Nichols
 Date drilling completed: 6-24-08

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 #: 5-154
 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>Jim Newsom FRANKS, JR.</u>	Latitude: <u>33° 02.243N</u> Longitude: <u>091° 01.739W</u>
Mailing Address: <u>P.O. Box 450</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>GLEN ALLEN MS 38744</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>2 1/4 NW 1/4 Sec 9</u> Twn <u>14N</u> Rng <u>8W</u>
Telephone No. ()	Distance Direction Nearest Town <u>3 1/2</u> Miles <u>North</u> of <u>Glen Allen</u>
Well / Borehole Data	
Date drilling started: <u>6-24-08</u> Date drilling completed: <u>6-24-08</u> Hole depth: <u>103</u> Hole diameter: <u>26</u>	
Location of the source of any surface water used for drilling: <u>Lake Washington</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture <input checked="" type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>16</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-30-08</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>103</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat <u>Cement</u> Bentonite <u>Mix</u>	
Casing length: <u>63</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>pile</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>pile</u>	
Screen slot size: <u>.035</u> inches Setting depth: From <u>063</u> feet to <u>103</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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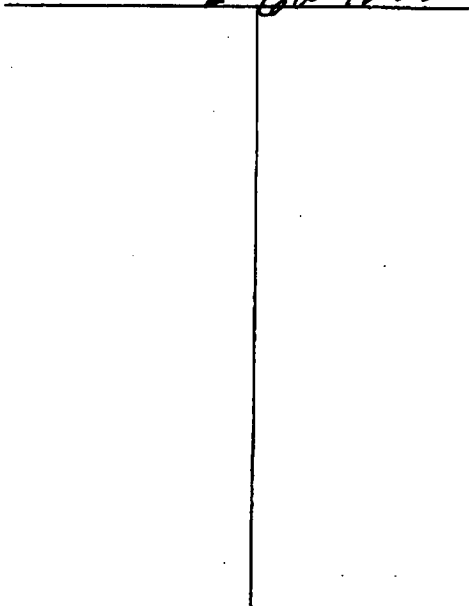
BY: OLWR

5-154

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level GW 42831

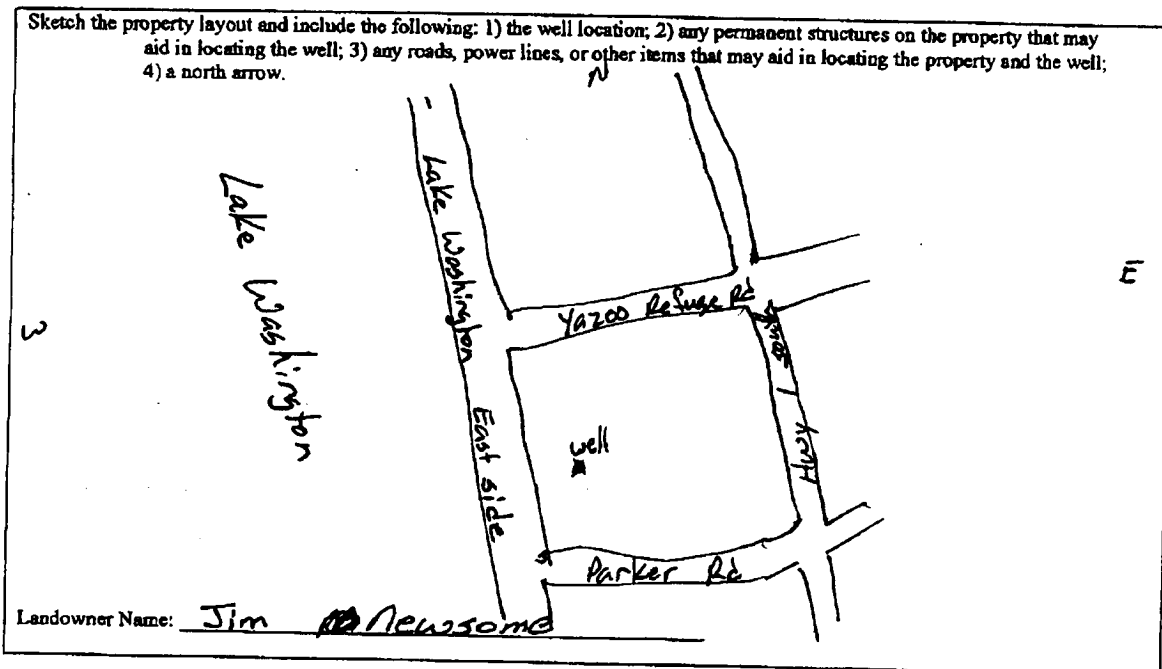


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
sandy clay	Ground Level	10
fine sand	10	19
clay	19	27
gravel	27	30
fine to med sand	30	50
med sand	50	60
course sand - little gravel	60	76
med sand	76	85
med to fine sand	85	90
med sand + gravel	90	100
clay	100	103

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.



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 0-0667
Print Name of Responsible Licensee and License No.

8-11-08
Date

Charles M. Nichols
Signature of Licensee

Form: OLWR-SWR-1A

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Bill Schultz

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 #: AW 42831
Driller: Charles M. Nichols
Date completed: 6-24-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: 5-154
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>Jim Newson Farms Inc.</u>	Latitude: <u>33° 02.243N</u> Longitude: <u>091° 01.739W</u>
Mailing Address: <u>P.O. Box 450</u> <u>Glen Allen MS 38744</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>1/4 NW 1/4 Sec 7 T 14 N R 8 W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3 1/2 Miles North of Glen Allen</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-30-08</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>1-12in</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-30-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>16</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

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