

*Filed 2-6-12*

County: Washington  
 Permit #: GW 453351  
 Driller: Charles M. Nichols  
 Date drilling completed: 6-20-11

**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 #: S180  
 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.

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Bert Darnell - Hollywood Farms</u>        Mailing Address: <u>1191 Colony Rd</u>  <u>Glen Allen MS 38744</u>        City State Zip Code        Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 03' 01.75" N</u> Longitude: <u>90° 57' 25.73" W</u>        Method of Lat/Long (circle one): <u>02</u> Conventional Survey, <u>25</u>        USGS quad, Hand-held GPS, Survey-grade GPS  <u>SW 1/4 NE 1/4 Sec 19 Twn 14N Rng 7W</u>        Distance Direction Nearest Town  <u>4</u> Miles <u>101/4</u> of <u>Grace</u></p>
<p><b>Well / Borehole Data</b></p> <p>Date drilling started: <u>6-20-11</u> Date drilling completed: <u>6-20-11</u> Hole depth: <u>114</u> Hole diameter: <u>26</u>        Location of the source of any surface water used for drilling: <u>Ditch</u>        Method of dosing and volume of Chlorine used in drilling and development: <u>H7H</u>        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></p>	
<p>Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____        If a flowing well, method of flow regulation: Valve _____ Other (describe) _____        Static Water Level: <u>21</u> feet above <u>below</u> (circle one) land surface Date measured: <u>6-20-11</u>        Method of Measurement (circle one) steel tape electric tape air line other: _____        Well depth: <u>114</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>74</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>pvc</u>        Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>pvc</u>        Screen slot size: <u>.035</u> inches Setting depth: From <u>74</u> feet to <u>114</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></p>	

S180

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

Ground Level

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	30
fine sand	30	60
med sand	60	70
course sand + gravel	70	110
GRAVEL	110	114
Cemented gravel	114	

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: Bert Darnell

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 0-0667 2-3-12  
Print Name of Responsible Licensee and License No. Date

Charles M. Nichols  
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 #: GW 45335  
 Driller: Charles M. Nichols  
 Date completed: 6-21-11  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: 5180  
 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>Bert Darnell - Hollywood Farms</u>	Latitude: <u>33° 03' 01.750"</u> Longitude: <u>90° 57' 25.730"</u>
Mailing Address: <u>1191 Colony Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Glen Allen MS. 38744</u>	_____ 1/4 _____ 1/4 Sec. <u>19</u> T. <u>14N</u> R. <u>7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>4</u> Miles <u>North</u> of <u>Grace</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): _____ 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.

Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_ Signature of Pump Installer \_\_\_\_\_