

#24 1.

County: Yazoo
 Permit #: G.W. 45454
 Driller: Charles M. Nichols
 Date drilling completed: 11-19-11

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 #: K100
 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>Tadpole Properties</u>	Latitude: <u>32° 46.926N</u> Longitude: <u>90° 28.874W</u>
Mailing Address: <u>P.O. Box 1939</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Jackson</u> <u>Ms.</u> <u>39215-1349</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4</u> Sec <u>23</u> Twn <u>11N</u> Rng <u>3W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>5 1/2</u> Miles <u>SW</u> of <u>Yazoo City</u>

Well / Borehole Data

Date drilling started: 11-19-11 Date drilling completed: 11-19-11 Hole depth: 120 Hole diameter: 26

Location of the source of any surface water used for drilling: well

Method of dosing and volume of Chlorine used in drilling and development: H 777

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: 14 feet above or below (circle one) land surface Date measured: 11-19-11

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: 80 feet Casing diameter: 16 inches Type of casing: pk

Screen length: 40 feet Screen diameter: 16 inches Type of screen: pk

Screen slot size: .035 inches Setting depth: From 80 feet to 120 feet

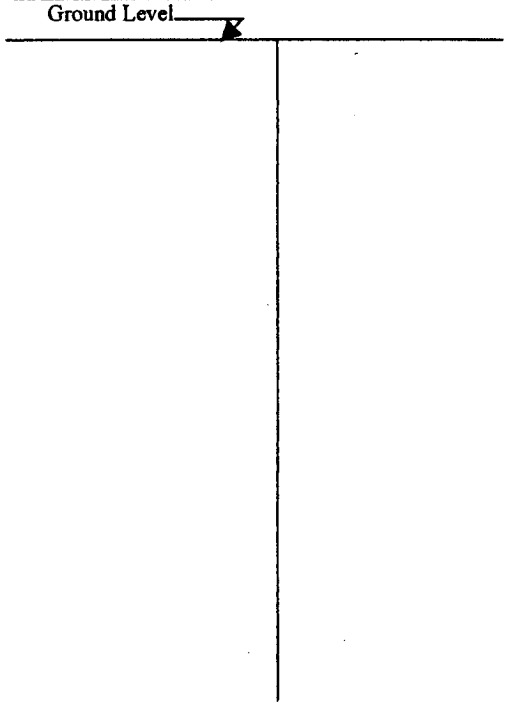
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

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

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)
Clay	Ground Level	40
Fine to med sand	40	50
Course sand	50	60
Course sand	60	80
med sand	80	90
Course sand + log	90	100
sand + gravel	100	120

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: Tadpole Properties

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 6-27-12 Charles M. Nichols
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

County: Yazoo
 Permit #: GW-454541
 Driller: Charles M. Nichols
 Date drilling completed: 5-23-12
Copy information from block on Part 1

STATE WELL REPORT
Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601) 961-5210
 (601) 360-0535 (fax)

For Office Use Only:
 Well #: K100
 Aquifer: _____

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>Tadpole Properties</u>	Latitude: <u>32° 46' 976 N</u> Longitude: <u>90° 28' 974 W</u>
Mailing Address: <u>P.O. Box 1939</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Jackson</u> <u>MS</u> <u>39215-1349</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>NW 1/4 SW 1/4, Sec 23 T11N R 3W</u>
Telephone No. <u>() -</u>	<u>5 1/2</u> Miles <u>SW</u> of <u>Yazoo City</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed 5-23-12 Rated Pump Capacity: 2500 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): N/A

Horse Power Rating of Motor: _____ Setting Depth: _____ feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 17 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

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: J. m. Geysler Meter Serial Number: W6 1001

Meter Model Number/Name: 10W Type of Meter: propeller

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): AF x .001

Installation Date: 5-23-12 Meter installed by: Matt Nichols

Is This Meter (check one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Matt Nichols 607 4-10-14 Charles M. Nichols
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer