

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:

Aquifer: B 310
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Humphreys
Permit #: GW-463091
Driller: J. NEWCOME 0.773
Date drilling completed: 7.10.2012

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>JAPHLET LP</u>	Latitude: <u>33° 15' 59"</u> Longitude: <u>90° 36' 52"</u>
Mailing Address: <u>P.O. Box 657</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
<u>Belzoni</u> MS <u>39038</u>	SW 1/4 NE 1/4 Sec <u>04</u> Twn <u>16N</u> Rng <u>04W</u>
City State Zip Code	Distance Direction Nearest Town <u>5</u> Miles <u>S.W.</u> of <u>INVERNESS</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 7.10.12 Date drilling completed: 7.10.12 Hole depth: 102' Hole diameter: 24"

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

Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS

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: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: 100 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: P.V.C.

Screen length: 20 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 70 feet to 90 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***

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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
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: B310
Elevation: _____

County: HUMPHREYS
Permit #: GW-46309
Driller: S. NEWLOME 0-773
Date completed: 7-10-2012

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

Owner Name: SAPHLET LP
Mailing Address: PO BOX 657
BEZONI MS 39038
City State Zip Code
Telephone No. () _____

Well Location

Latitude: 33° 15' 59" Longitude: 90° 36' 52"
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____, Hand-held GPS X, Survey-grade GPS _____
SW ¼ NE ¼ Sec 04 T 16N R 04W
Distance Direction Nearest Town
5 Miles SW of INVERNESS

Pump Type

Circle one
Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 7/16/12
Rated Pump Capacity: 2400 Gallons Per Minute

Power Type

Circle one
Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 60
Setting Depth: 70 feet
Number of Stages: 1

Pump Test Data

Date Well Tested: _____
Static Water Level (A): _____ 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

Method of Measuring Water Level

Circle one
Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Cony Rowe 0-711P
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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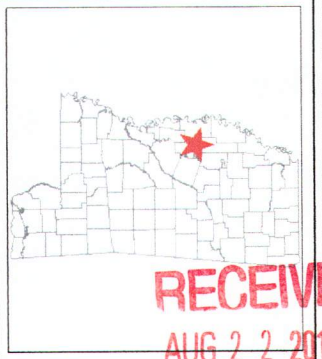
MARIS
Online Maps

Internet Mapping Framework



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Map center: 419110, 1385565



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Legend

- County Boundaries
- Township
- Public Land Survey System
- MS One Call Natchez Trace Parkway
- MS One Call Interstate Highway
- MS One Call US / State Highway
- MS One Call 3 digit State Highway
- MS One Call County Roads and Streets
- Incorporated Cities
- Other Urban (non-incorporated)
- NHD Other Areas (db streams and inun)
- adams07_m.sid
- alcorr07_m.sid
- amite07_m.sid
- attala07_m.sid
- benton07
- bolivar07_m.sid
- calhoun07_m.sid
- carroll07_m.sid
- chickasaw07_m.sid
- choctaw07_m.sid
- clalborne07_m.sid
- clarke07_m.sid



Scale: 1:32,889

