

State Well Report

Part 1

For Office Use Only:

County: Humphreys
Permit #: GW41766
Driller: Schuded, LTD
Date drilling completed: 5-15-07

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39209-0631
(601)961-5210
(601)354-6938 (fax)

Aquifer: _____
Well #: D-72
L.S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>Roy Long (RAK farms)</u>	Latitude: <u>33° 11' 55"</u>	Longitude: <u>90° 26' 28"</u>	
Mailing Address: <u>1007 Virginia St</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Belzoni</u> MS <u>39038</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS		
City State Zip Code	SW & NE 1/4 Sec <u>31</u> Twn <u>16N</u> Rng <u>2W</u>		
Telephone No. <u>(662) 247-1695</u>	Distance <u>5</u> Miles	Direction <u>EAST</u> of	Nearest Town <u>Belzoni, MS</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 5-15-07 Date well drilling completed: 5-15-07

If flowing, method of flow regulation: Valve N/A Other (describe) N/A

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 5-17-07

Method of Measurement (circle one) steel tape electric tape air line other: N/A

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): 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: 0.35 inches Setting depth: From 0 feet to 110 feet

Type of completion (circle all applicable): Gravel packed Undreamed Telescoped Open hole Natural Development

Other (describe): N/A

Top of tap pipe or reduction in casing: N/A feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: N/A

Name of organization running log(s): N/A

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Robert Byars 0-543
Print Name of Water Well Contractor and License No.

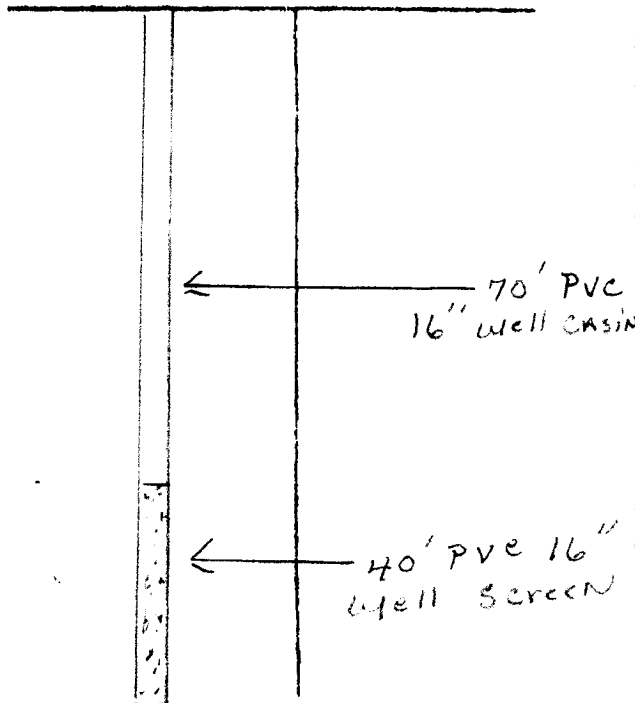
Robert Byars
Signature of Water Well Contractor

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BY: OLWE

If well telescopes please sketch below and show depths.

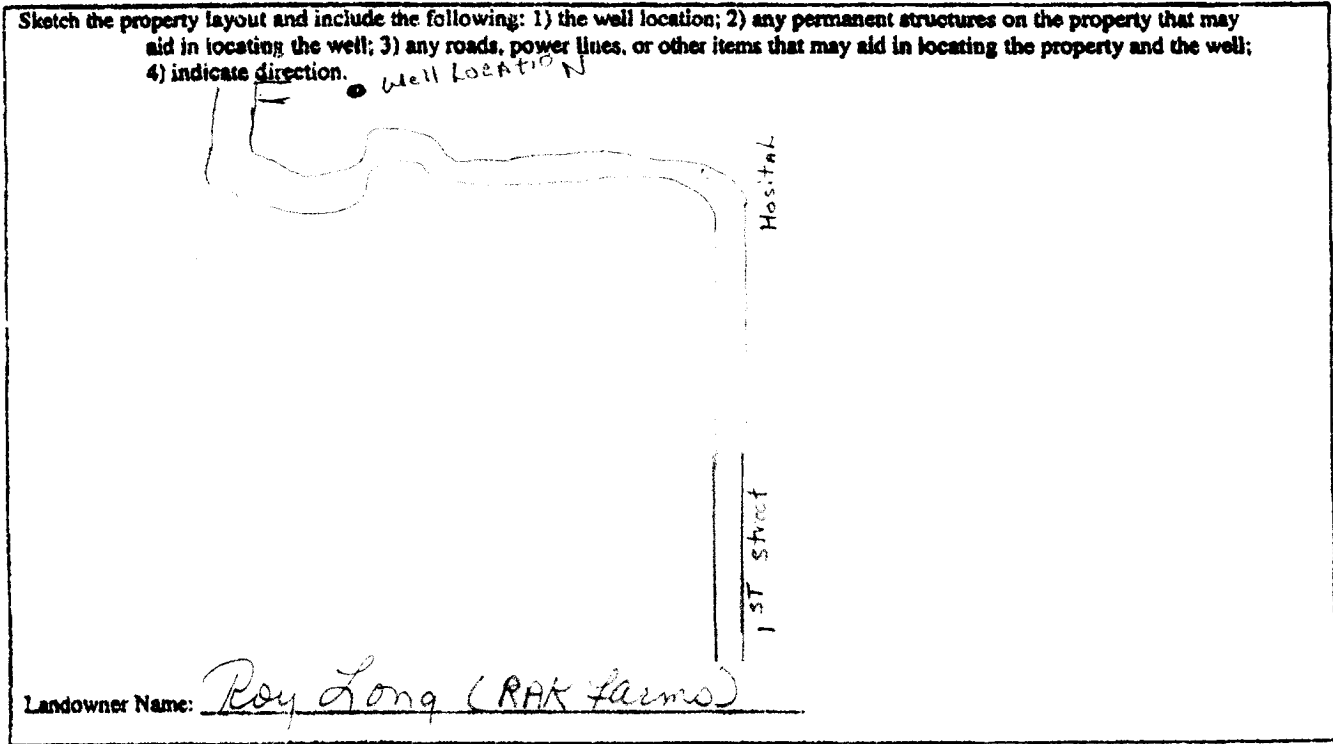
D-72

Ground Level



Description of Formations Encountered	From	To
CLAY	0	45
COURSE SAND	45	50
COURSE SAND + P-GRAVEL	50	80
COURSE SAND	80	90
COURSE SAND - P-GRAVEL	90	105
Cemented gravel	105	110
CLAY	110	

If more than one screen, show location of each on sketch



Robert Ryan
Signature of Water Well Contractor

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Humphreys
 Permit #: _____
 Driller: SCHYDES LTD
 Date completed: 5-17-07

For Office Use Only:

Aquifer: _____
 Well #: D-72
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Roy Long (RAK Farms)</u> Mailing Address: <u>1007 Virginia St</u> <u>Belzoni MS 39038</u> <small>City State Zip Code</small> Telephone No. <u>(662) 247-1695</u>	Latitude: <u>33° 11' 55" N</u> Longitude: <u>90° 26' 22" W</u> Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____ Distance _____ Direction _____ Nearest Town _____ <u>5 Miles EAST of Belzoni, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="radio"/> Jet <input type="radio"/> Submersible Bucket: <input type="radio"/> Piston <input checked="" type="radio"/> Turbine Centrifugal: <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): <u>N/A</u> Date Pump Installed: <u>5-17-07</u> Rated Pump Capacity: <u>3000</u> Gallons Per Minute	<input checked="" type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): <u>N/A</u> Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>N/A</u> 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	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): <u>N/A</u> 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
Robert Byars 0-543 Robert Byars
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 MAY 20 2007
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