LEPHEN - BELZONI

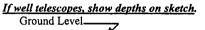
· · · · · · · · · · · · · · · · · · ·	State W	ell Report		
County: Humphrevs	Part 1 – D	oriller's Log	For Office Use On	
Permit #: GW - 453631 Missi		t of Environmental Quality	Aquifer: E 232	2
· · · · · · · · · · · · · · · · · · ·		nd Water Resources	Well #:	
Driller: J. NEWCOME 0.773		, MS 39225	L. S. Elevation:	
Date drilling completed: 6-46-2011		61- 5210 - 5228 (fax)		
			E-log #:	
State Law requires that this report be pro Department at the above address within				the
Information on Well Owner	so uuys oj comp		or borenole. rehole Location	<u> </u>
(Landowner if borehole is not for a wat	ter well)	Latitude: 33.08,53	.90.27	29
Owner Name Dennington Trust	ALC	Method of Lat/Long (circle on		<u>~ </u> "
Mailing Address: P.O. Box 809			GP8, Survey-grade GPS	
		Ald ALC MAN		4.1.1
Dermott AR -	71638	NE 1/ NE 1/4 Sec 17	<u></u>	
City State	Zip Code	Distance Direction	Nearest Town	
Telephone No. ()		8 Miles NEST	of BEL ZONI	
	Well / Borel	nole Data		
Date drilling started: 6-16-201 Date drilling co			Hole diameter: 24"	
	_	•		
Location of the source of any surface water used f Method of dosing and volume of Chlorine used in	for drilling: <u>4000</u> n drilling and develo	opment: CHLORINE TAG	RER	5510555-000
Logs run (circle all applicable). No log run Elec Name of organization running log(s):	tric Gamma Ray	Density Sonic Neutron	Other:	
Purpose of borehole (check one): Water Well	Geotechnical/Geolo	gical Investigation Ground	Source Heat Pump	
Seismic Survey_	Other (<i>describe</i>)	-1-100-2		
If drilling is not related to wate				
Purpose of Well (check one): Home Industria			Other:	
If a flowing well, method of flow regulation: Valv			·····	
Static Water Level:feet above or b		_		
Method of Measurement (circle one) steel tape	electric tape	air line other:	· · · · · · · · · · · · · · · · · · ·	-
Well depth: Well grouted to a depth of	D feet Type	of grout (circle one): Neat Cem	en Bentonite Mix	
Casing length:feet Casing diame	eter:	_inches Type of casing:	~ 1	-
Screen length: <u>40</u> feet Screen diam	eter: 16	inches Type of screen:	P.V.C.	-
Screen slot size: , 050 inches Setti	ing depth: From	feet to	10feet	
Type of completion (circle all applicable) Grave	t packed Underr	eamed Telescoped Open	hole Natural Developn	nent
Other	(describe):			
Top of lap pipe or reduction in casing:	feet. If teld	escoped or more than one scree	en, describe on next page	
· · · · · · · · · · · · · · · · · · ·			Form: OLWR-SWR-1	A (04/08)
				REGEMED
				AUC 0 8 2011
				DV6 MILANE
				DH. ULMMIT

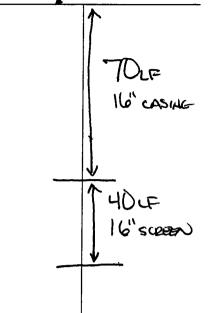
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The sketch below only required for water wells





wells and boreholes, unless specifically	wells and boreholes, unless specifically exempted by regulations				
Description of Formations Encountered	From (depth)	To (depth)			
TOP SOIL	Ground Level	10			
CLAY	10	40			
CLAY SAND STRIPS	40	50			
MED SAND	50	70			
MED. / WORKSE SAND	70	85			
CDAUSE SAND	85	10			
BOTTOM		ど			
	_				
		_			

Description of formations encountered must be provided for all

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:

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. JOHN NEWCOME 0:773 6-16-2011

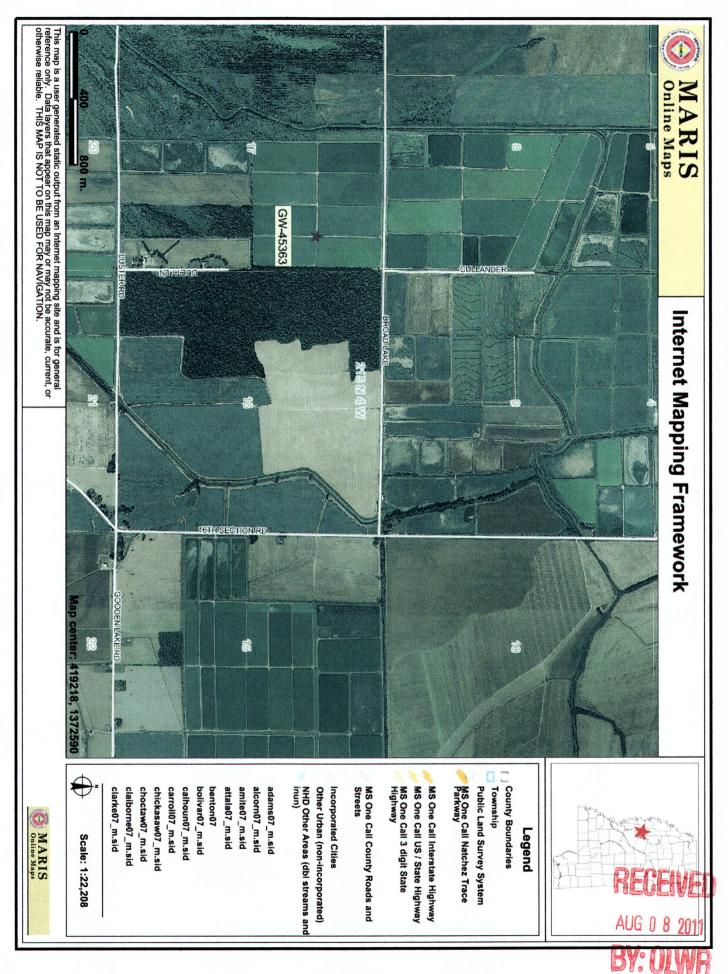
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Print Name of Responsible Licensee and License No.

Signature of Licensee

County: <u>HUMPhrey6</u> Permit #: <u>6W - 4636/3</u> Driller: <u>J.NewCome 0</u> 1713 Date completed: <u>6.16.2011</u> Cover 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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 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 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 Downer Name: <u>Dermotit AR 116286</u> City State Zip Code Telephone No. <u>Dermotit AR 116286</u> Licet one Licet one Licet one Licet one Licet one Licet one Licet one Licet one Licet cone Licet one Licet one Licet one Licet one Licet cone Licet one Licet one Lice	ST	ATE WELL REPORT		
Permit #: GW - 46563 Pump Installer's Completion Report Driller: J.NewCOME 0.1713 Missing Department of Environmental Quality Diffec of Land and Water Resources P.O. Box 2309 Jackson, M3 39223 (601961-5228 (fax)) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (601961-5210) (70000) (71000) (7000) (71000) (7000) (71000) (7010) (70000) (7010) (70000) (7010) (70000) (7010) (70000) (7010) (70000) (7010) (70000) (7010) (70000) (70100) (70000)			For Office Use Only:	
Drifter of I and and Water Resources P.O. Box 2309 Jate complete: 6.116.1201 Care information from Mack on Part I 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 anticed and obta particular at the above address within 30 days of well completion. Well Womer Information Domer Name [Permotit AR 110:256 Cry Saite Zap Code Deprect AR 2000 Deprect AR 2000 Deprect AR 2000 Deprect AR 2000 Deprect Deprect AR 2000 Deprect AR 2000 Deprect Deprect AR 2000 Deprect Deprect AR 2000 Deprect Deprect AR 2000 Deprect Deprect Deprect AR 2000 Deprect Deprec			Aquifer:	
Date complete: b. 1b. 2011 Case information from block on Part I Date complete: b. 1b. 2011 Case information from block on Part I 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 Owner Information Dure Name (Dermining ton Trught ALC) Well Owner Information Matting Address: P.O. Box 809 Dermotit AR 116256 City City State City State City State Pump Type City City Submersible Discored Matting of Motor: Matting Address: Pixon Pump Type City City Submersible Discored Pixon Matting all or (specify): Hand Date Pump Type City City Submersible Discored Gallous Per Minute Date Pump Installed: City Date Pump Test Data Method of Measuring Water Level: City Feet Below Land Surf			Well# E232	
(10(1)961-3228 (fax) (10(1)961-3228 (fax) This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Pert 1 of the report must be attached and both parts filed with the Department of the above address within 30 days of well completion. Well Owner Information Well Owner Information Downer Name: Dennington Trugot ALC Well Owner Information Well Owner Information Downer Name: Dennington Trugot ALC Well Owner Information Well Owner Information Dennott AR 11628 Disconter Trugot Crede one Disconter Type Crede one Name: Submersible Disconter Type Crede one Name: Crede one Name: Dennington Trugot Disconter Type Crede one Disconter Type Crede one Name: Dennington Trugot Phoning Well Other (specify): Disconter Type <td< td=""><td></td><td></td><td></td></td<>				
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report music be attacked and both parts filed with the Department at the above datases within 20 days of well completion. Well Owner Information Demonstration for the part of the part	Copy information from block on Part 1	(601)961-5228 (fax)		
Well Owner Information Well Cecation Dermiting from Truget ALC Mailing Address: P.O. Box 804 Dermiting from Truget ALC Mailing Address: C.O. Box 804 Dermiting from Truget ALC Mailing Address: C.O. Box 804 Dermiting from Truget ALC Mailing Address: Colspan="2">Conventional: Survey Dermiting Truge Circle one Direction From Direction Pump Type Circle one Direction From Direction From Direction Circle one Direction From Direction	This part of the report must be completed by a license report must be attached and both parts filed with the	ed water well contractor or a licensed pump Department at the above address within 30	o installer. A copy of Part 1 of the days of well completion.	
Mailing Address: P.O. BOX 809 Mailing Address: P.O. BOX 809 Mailing Address: P.O. BOX 809 Mailing Address: Method of Lat/Long (check one): Conventione! Survey		W	'ell Location	
Dermott AR 11638 Direction State Zip Code Telephone No. [Owner Name: Dennington Trugt ALC	Latitude: 33 08 53	Longitude: 90. 37, 29.1	
Dermott AR 11636 City State Zip Code Telephone No. (Mailing Address: P.O. Box 809			
City State Zip Code Telephone No. (USGS quad, Hand-he	ld GPSX, Survey-grade GPS	
Telephone No. (Dermott AR 716	38 <u>NE</u> 1/4 <u>NE</u> 1/4 Sec	17 T 15N R 04W	
Pump Type Circle one Jet Power Type Circle one Gasoline Engine Natural Gas Bucket Piston Turbine Hand Treator PTO Centrifugal Rotary Flowing Well Windmill Other (specify):		Distance Direction	of Beizon	
Circle one Air Lift Jet Submersible Turbine Circle one Gasoline Engine Natural Gas Bucket Piston Turbine Hand Treatest PTO Centrifugal Rotary Flowing Well Windmill Other (specify): 				
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Centrifugal Rotary Flowing Well Other (specify):				
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Date Pump Installed:	Centrifugal Rotary Flowing			
Rated Pump Capacity: QOO Gallons Per Minute Number of Stages: Q Pump Test Data Method of Measuring Water Leve! Circle one Date Well Tested:	Other (specify):	Horse Power Rating of Mot	ror:	
Pump Test Data Method of Measuring Water Level Date Well Tested:	Date Pump Installed:	Setting Depth:	foer	
Date Well Tested:	Rated Pump Capacity:Gallons Pe	er Minute Number of Stages:	2	
Date Well Tested:		I		
Static Water Level (A):				
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 This is for (circle one): Replacement of Existing Pump Replacement of Existing Pump Repair of Existing Pump I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		Air Line Electric M		
Pumping Water Level (B):Feet Below Land Surface For flowing well, measured shut in head:feet. Drawdown [(B) – (A)]:Feet Below Land Surface For flowing well, measured shut in head:feet. Test Pumping Rate:Gallons Per Minute Gell with a drawdowe of Duration of Pump Test (minimum 4 hours):hours hours feet afterhours of pumping This is for (circle one): Replacement of Existing Pump Replacement of Existing Pump Repair of Existing Pump I HEREBY CERTIFY that the above statements are true to the best of my knowledge. For flowing well, measured flow flow	Static Water Level (A):Feet Below Lan	d Surface		
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Cons Rowe 0-711P Chow RELEW	I HEREBY CERTIFY that the above statements are tr	ue to the best of my knowledge.		
Print Name of Pump Installer and License No. (if applicable) Form: OLWR-SWR-1C (07-09) AUG 0 8 20	Can Drule n-			
Form: OLWR-SWR-1C (07-09) AUG D 8 20	Print Name of Pump I staller and License No. (if appl	icable) Signature of Pump	Installer NEWE	
			Form: OLWR-SWR-1C (07-09)	
			RV• MIA	

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