

State Well Report

Part 1

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 #: 20042654
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 6-20-08

For Office Use Only:
 Aquifer: _____
 Well #: F-198
 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>Roberts Farms Inc.</u>	Latitude: <u>33° 10' 49.1"</u> Longitude: <u>90° 32' 35.5"</u>
Mailing Address: <u>P.O. Box 252</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Belzoni</u> <u>Ms.</u> <u>39038</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4</u> Sec <u>6</u> Twn <u>15N</u> Rng <u>3W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3</u> Miles <u>W</u> of <u>Belzoni</u>

Well Data

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

Date well drilling started: 6-20-08 Date well drilling completed: 6-20-08

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 35 feet above of below (circle one) land surface Date measured: 6-21-08

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

Hole depth: 122 Well depth: 122 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 82 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 78 feet to 117 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 back of page

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

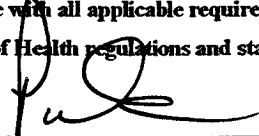
Name of organization running log(s): _____

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.
 Irrigation Equipment Inc
 Patrick M. Chism 0695

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor



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6642654

If well telescopes please sketch below and show depths.

Ground Level

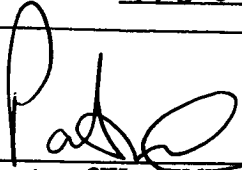
Description of Formations Encountered	From	To
Clay	0	23
Fine Sand	23	28
Fine Sand + Gravel	29	67
Medium Sand + Gravel	68	117
Fine Sand + Gravel	118	122

- Blanked
5'

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) indicate direction.

Landowner Name: Roberts Farms Inc.



 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 #: 60042654
Irrigation Equipment
Driller: _____
Date completed: 6-20-08

For Office Use Only:

Aquifer: _____
Well #: F-198
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.

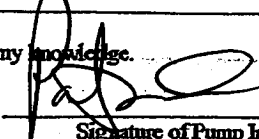
Well Owner Information	Well Location
Owner Name: <u>Roberts Farms Inc.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 252</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Belzoni</u> <u>Ms.</u> <u>39038</u>	<u>NW 1/4 NE 1/4 Sec 6</u> <u>Twn 15N Rng 3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>3</u> Miles <u>W</u> of <u>Belzoni</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> <u>Turbine</u> <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input checked="" type="checkbox"/> <u>Diesel Engine</u> <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>
Date Pump Installed: <u>6-21-08</u>	
Rated Pump Capacity: <u>2800⁺</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	
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.

Patrick M. Chism 0695
Print Name of Pump Installer and License No. (if applicable)

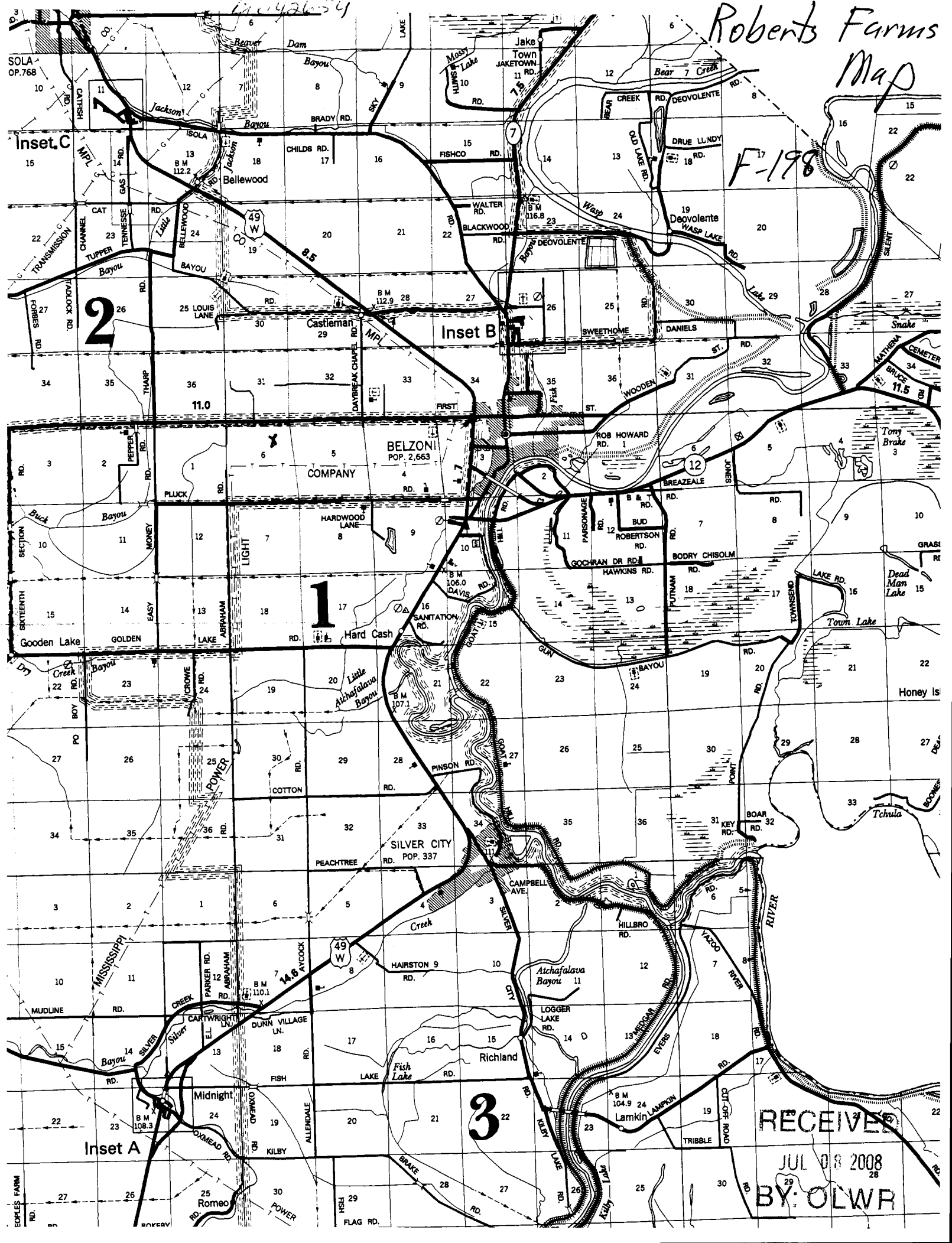

Signature of Pump Installer

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Roberts Farms Map

F-198



Inset C

Inset B

2

1

3

Inset A

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