

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

County: Humphreys
 Permit #: MS-OW-16598
 Driller: Aldric Jones
 Date drilling completed: 9-20-10
Mid South Water Machine Works

For Office Use Only:
 Aquifer: _____
 Well #: F204
 I. 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>City of Belzoni</u> Mailing Address: <u>% Hoolker Engineering</u> <u>P.O. Box 368</u> <u>Greenville MS 38701</u> City State Zip Code Telephone No. <u>(662) 334-1865</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>N33° 10' 29.31"</u> Longitude: <u>W90° 29' 26.73"</u> Method of Lat/Long (circle one) <u>Conventional Survey</u> USGS quad, <u>Hand-held GPS</u> Survey-grade GPS NE 1/4 SE 1/4 Sec <u>3</u> Twn <u>15N</u> Rng <u>3W</u> Distance Direction Nearest Town _____ Miles _____ of <u>Belzoni</u></p>
---	--

Well / Borehole Data

Date drilling started: 7-23-10 Date drilling completed: 9-20-10 Hole depth: 843' Hole diameter: 36"
 Location of the source of any surface water used for drilling: existing water line
 Method of dosing and volume of Chlorine used in drilling and development: _____
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): MDEQ/CCC
 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) NA
 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: 775' 780' Well grouted to a depth of 215 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 215 feet Casing diameter: 18 inches Type of casing: Steel
 Screen length: 60 feet Screen diameter: 12 inches Type of screen: Stainless Steel
 Screen slot size: .020 inches Setting depth: From 720 feet to 780 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: 633 feet *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

MSDH # MS0270001-04

*RAM
1-28-15*

Humphreys Co

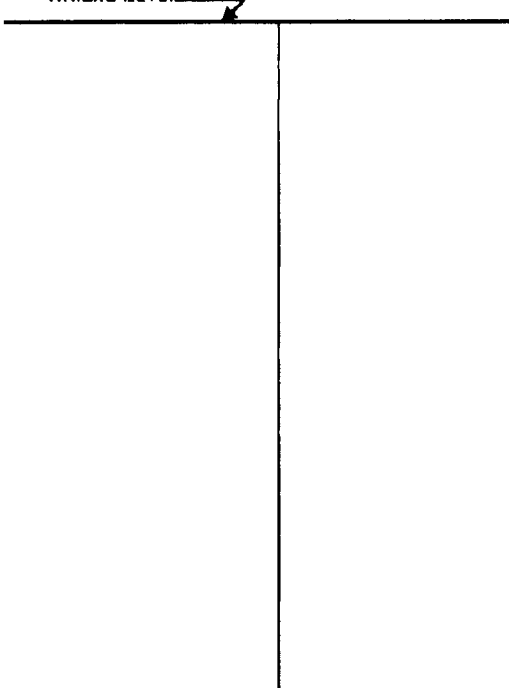
F204

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.

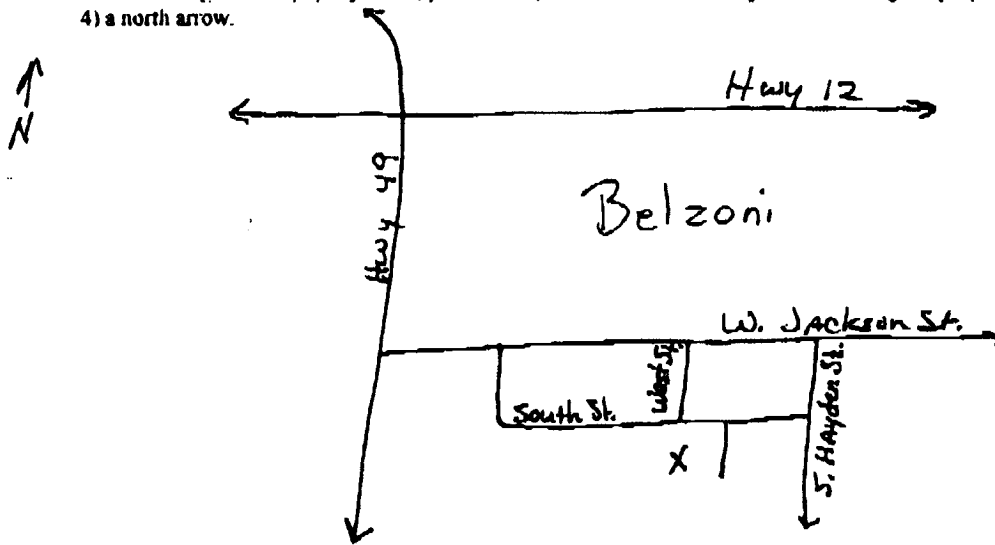
Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
Hard Clay w/ Brick & Concrete	Ground Level	20
Clay	20	52
Sand	52	74
Coarse Sand & Gravel	74	131
Clay	131	217
Sand w/ Shale streaks	217	465
Sandy Shale	465	497
Sand w/ Shale streaks	497	595
Hard Shale w/ Sandstone	595	664
Sandy Shale	664	680
Fine Sand	680	715
Coarse Sand	715	780
Sand w/ Clay & Lignite	780	843

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: City of Belzoni

Form: OLWR-SWR-1A (04/08)

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.

Clayton Miller 0703 10-8-10 Clayton Miller
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

FAXED
12-30-10

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)

County: Humphreys
Permit #: GW 16598
Driller: Clayton Miller
Date completed: 12-21-10
Copy information from block on Part 1.

For Office Use Only:
Aquifer: _____
Well #: F 204
Elevation: _____

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>City of Belzoni</u>	Latitude: <u>N33° 10' 29.92"</u> Longitude: <u>W90° 29' 26.83"</u>
Mailing Address: <u>% Hooker Engineering</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>31</u>
<u>P.O. Box 368</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Greenville MS 38701</u>	<u>NE 1/4 SE 1/4 Sec 3 T 15N R 3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 334-1865</u>	<u>Miles South St. of Belzoni</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>11-4-10</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-21-10</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>49</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>79</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>1078</u> GPM with a drawdown of
Test Pumping Rate: <u>1078</u> Gallons Per Minute	<u>30</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Clayton Miller 0-703 Clayton Miller
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer