

State Well Report

Part I - Driller's Log

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 #: GW-44806
 Driller: Charles M. Nichols
 Date drilling completed: 12-14-2010

For Office Use Only:
 Aquifer: 682
 Well #: _____
 L. 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 (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Chateau Sho'Nuff</u> Mailing Address: <u>P.O. Box 5327</u> <u>Jackson MS 39296</u> City State Zip Code Telephone No. <u>(601) 982-8728</u></p>	<p>Well or Borehole Location 25</p> <p>Latitude: <u>33° 09' 42" N</u> Longitude: <u>090° 22' 59" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>SE 1/4 NW 1/4 Sec 11 Twa 15N Rng 2W</u> Distance Direction Nearest Town, <u>7 Miles S/E of Belzoni, MS.</u></p>
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Well / Borehole Data

Date drilling started: 12-14-10 Date drilling completed: 12-14-10 Hole depth: 110 Hole diameter: 26

Location of the source of any surface water used for drilling: pond
 Method of dosing and volume of Chlorine used in drilling and development: HTH

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: 19 feet above or below (circle one) land surface Date measured: 12-14-10
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat 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: 1035 inches Setting depth: From 70 feet to 110 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*

B+B Replacement well.

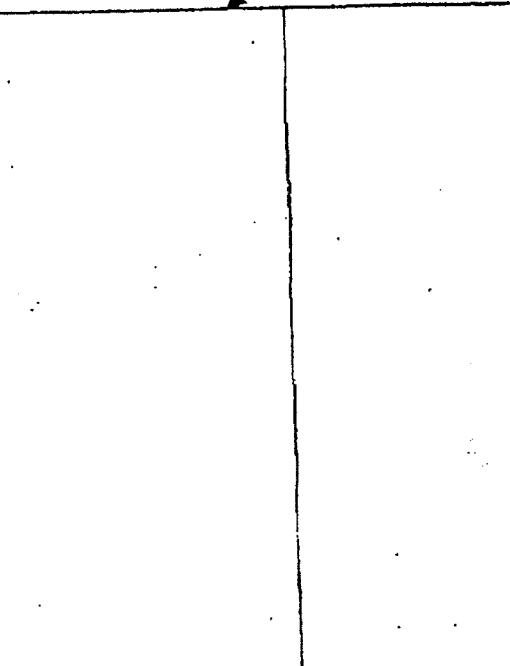
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 DEC 28 2010
 BY: OLWR

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)
Clay	Ground Level	45
Coarse sand	45	55
Coarse sand + p-gravel	55	75
Med sand	75	87
Coarse sand + p-gravel	87	90
med. sand	90	104
Coarse sand + gravel	104	110
Cemented gravel	110	



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.

Belzoni

Grass LAKE

12

Well.

Shultz Drilling

Landowner Name: Chateau Sho Huff

Form: OLWR-SWR-1

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.

Charles M. Nichols 0-0667 12-24-10
Print Name of Responsible Licensee and License No. Date

Charles M. Nichols **RECEIVED**
Signature of Licensee DEC 28 2010

BY: OLWR

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 #: GW-448086
 Driller: Matt Nichols
 Date completed: 12-14-2010
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: G82
 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>Chateau Shuff</u>	Latitude: <u>33° 09' 94.2" N</u>	Longitude: <u>090° 22' 59.0" W</u>	
Mailing Address: <u>P.O. Box 5327</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Jackson, MS 39296</u>	USGS quad _____ (Hand-held GPS) _____ Survey-grade GPS _____		
City State Zip Code	_____ 1/4 _____ 1/4 Sec 11 T 15 N R 02 W		
Telephone No. <u>(601) 982-8728</u>	Distance	Direction	Nearest Town
	<u>7</u> Miles	<u>S/E</u>	of <u>Belzoni, MS.</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	<u>Turbine</u>	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>0</u>		
Date Pump Installed: <u>12-16-2010</u>			Setting Depth: _____ feet		
Rated Pump Capacity: <u>250</u> Gallons Per Minute			Number of Stages: <u>2</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>12-14-2010</u>	Air Line	<u>Electric Measuring Line</u>	Steel Tape
Static Water Level (A): <u>11</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping		
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.

Robert Byars 0-543
 Print Name of Pump Installer and License No. (if applicable)

Robert Byars
 Signature of Pump Installer

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