

**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)

For Office Use Only:

Aquifer: _____
Well #: K181
L. S. Elevation: _____
E-log #: _____

County: Humphreys
Permit #: 41892
Irrigation Equipment
Driller: _____
Date drilling completed: 6-9-07

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>Broadlake LTD</u>	Latitude: <u>32.55.37.3</u> Longitude: <u>90.34.47.3</u>
Mailing Address: <u>Box 157</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>4</u> 10-16-07 USGS quad, Hand-held GPS, Survey-grade GPS
<u>Holly Bluff Ms. 39088</u>	<u>NW 1/4 SE 1/4 Sec 35 Twn 13N Rng 4W</u>
City State Zip Code	Distance Direction Nearest Town <u>4</u> Miles <u>S</u> of <u>Louise</u>
Telephone No. () _____	

Well Data

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

Date well drilling started: 6-9-07 Date well drilling completed: 6-9-07

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 6-11-07

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 81 feet to 120 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: [Signature]
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JOINT WATER
MANAGEMENT DISTRICT.

41892

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Well #: K-181
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County: Humphreys
Femil #: GW 41892
Irrigation Equipment
Driller: _____
Date drilling completed: 6-9-07

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>Broadlake LTD</u>	Latitude: <u>32° 55' 37.3</u> Longitude: <u>90° 34' 47.3</u>
Mailing Address: <u>Box 157</u>	Method of Lat/Long (circle one): <u>37</u> Conventional Survey, <u>47</u>
<u>Holly Bluff Ms. 39088</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE SW</u> <u>NW SE</u> 1/4 Sec <u>35</u> Twn <u>13N</u> Rng <u>4W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>4</u> Miles <u>S</u> of <u>Louise</u>

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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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JUN 29 2007

BY: OLWR

K-181

GW 41892

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	25
Fine Sand + Gravel	26	41
Medium Sand + Gravel	42	120

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: Broad lake LTD



Signature of Water Well Contractor

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 JUN 29 2007
 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)

For Office Use Only:

Aquifer: _____

Well #: K-181

Elevation: _____

County: Humphreys
Permit #: OW41892
Driller: _____
Date completed: 6-9-07

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>Broadlake LTD</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 157</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Holly Bluff Ms. 39088</u>	<u>NW 1/4 SE 1/4 Sec 35 Twn 13N Rng 4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>4</u> Miles <u>S</u> of <u>Louise</u>

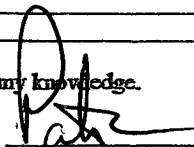
Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>6-11-07</u> Rated Pump Capacity: <u>1600 ±</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ 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.

Patrick M. Chism 0695

Print Name of Pump Installer and License No. (if applicable)




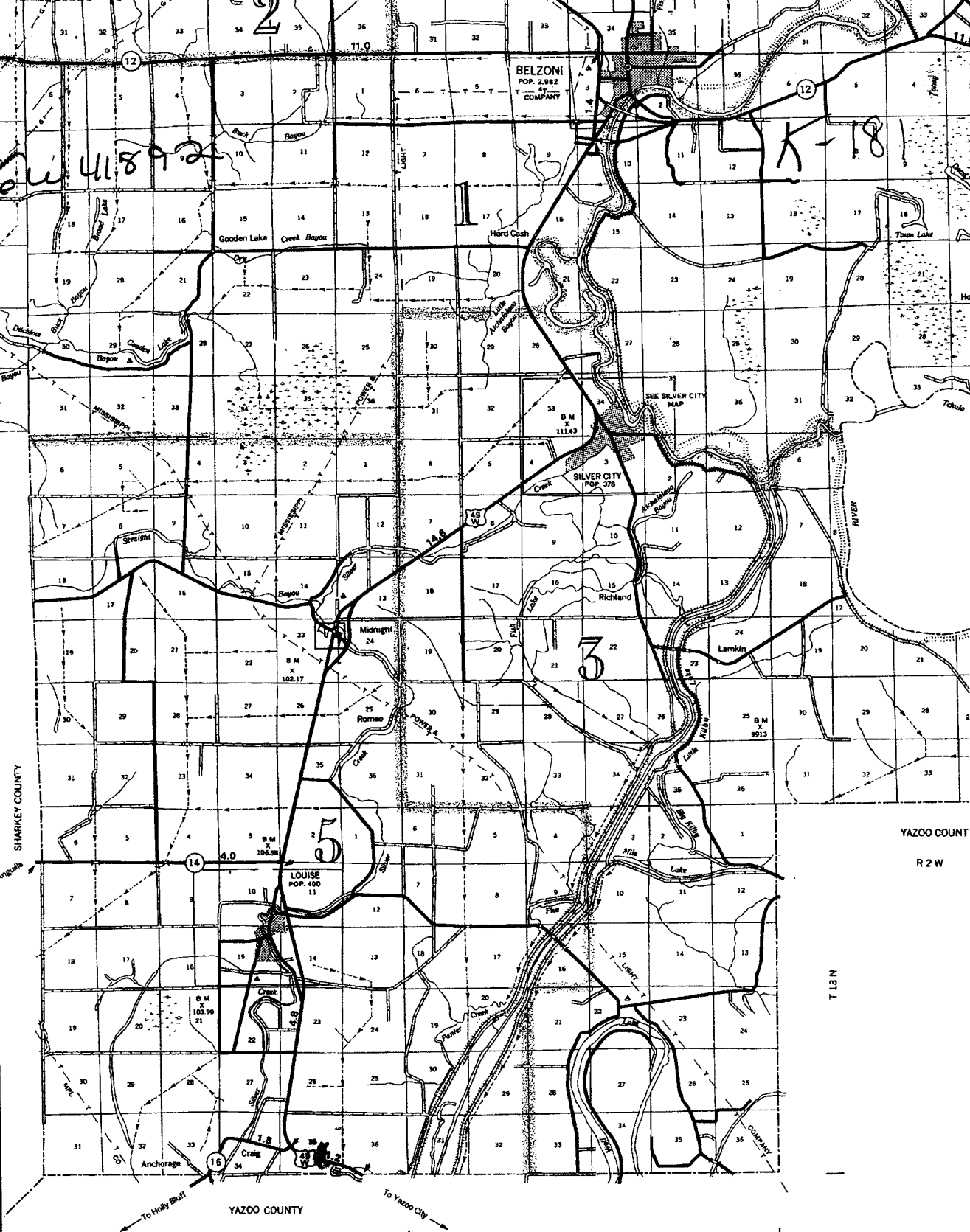
Signature of Pump Installer

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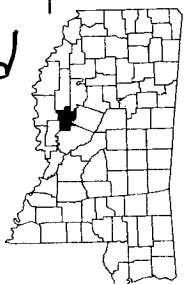
JUN 29 2007

BY: OLWR


 NAMED FOR
 Benjamin G. Humphreys,
 twenty-sixth
 Governor of
 Mississippi and
 General in the
 Confederate Army
 ESTABLISHED
 1918
 COUNTY SEAT
 Belzoni
 COUNTY SIZE
 30 square miles
 POPULATION
 2,134
 (65th of 82)



Broadlake Limited
 Map



GENERAL HIGHWAY MAP
HUMPHREYS CO

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 SCALE IN KILOMETERS
 JUN 26 2007

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