

County: Leflore
 Permit #: GW-44613
 Irrigation Equipment
 Driller:
 Date drilling completed: 10-20-2010

State Well Report
Part 1 - Driller's Log
 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)

For Office Use Only:
 Aquifer: E 910
 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.

Information on Well Owner (Landowner if borehole is not for a water well) Owner Name: <u>Fredrick A Belk II</u> Mailing Address: <u>P.O. Box 54</u> <u>Minter City Ms. 38944</u> City State Zip Code Telephone No. <u>(662) 299-7876</u>		Well or Borehole Location Latitude: <u>33.42.11.8</u> Longitude: <u>90.13.11.9</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>NW 1/4 NW 1/4 Sec. 8 Twn 21N Rng 1E</u> Distance Direction Nearest Town <u>3</u> Miles <u>SW</u> of <u>Phillip</u>	
Date drilling started: <u>10-20-2010</u>		Well / Borehole Data Date drilling completed: <u>10-20-2010</u> Hole depth: <u>93</u> Hole diameter: <u>24"</u>	
Location of the source of any surface water used for drilling: <u>Surface Water</u> Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u>			
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____			
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>			
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____			
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>20</u> feet above of <u>below</u> (circle one) land surface Date measured: _____			
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Well depth: <u>93</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix			
Casing length: <u>57</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>36</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>			
Screen slot size: <u>See back</u> inches Setting depth: From <u>See back</u> feet to _____ feet			
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____			
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>			

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

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County: Leflore
 Permit #: GW-44613
 Irrigation Equipment
 Driller: _____
 Date completed: _____
 Copy information from block on Part 1

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)

For Office Use Only:
 Aquifer: _____
 Well #: _____
 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>Fredrick A. Belk II</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 54</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Minter City Ms. 38944</u> City State Zip Code	<u>NW 1/4 NW 1/4 Sec 8 T21N R 1E</u>
Telephone No. <u>662 299-7876</u>	Distance <u>3</u> Miles Direction <u>SW</u> of Nearest Town <u>Phillip</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>10-21-2010</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1600±</u> Gallons Per Minute	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	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

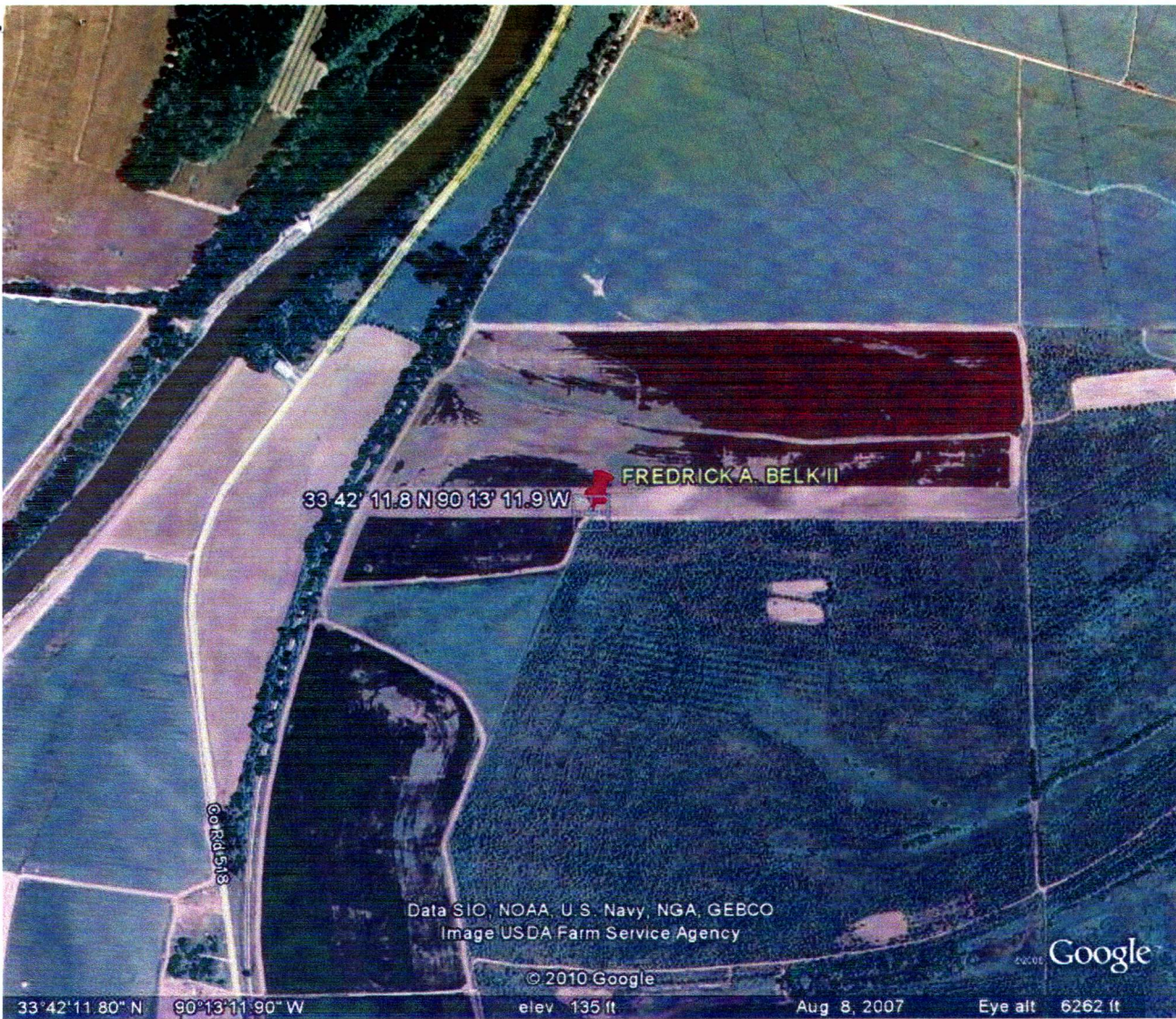
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 Patrick M Chism 0695
 Print Name of Pump Installer and License No. (if applicable) Patrick M Chism 0695
 Signature of Pump Installer [Signature]

Form: OLWR-SWR-1C (07-09)

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