

State Well Report

Part I

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:

Acquirer:
Well #: G-132
L.S. Elevation:
E-log #:

County: Leflore
Permit #: AW 42261
Irrigation Equipment
Driller:
Date drilling completed: 11-8-07

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: Owner Name Melton Properties LLC, Mailing Address P.O. Box 286, Greenwood Ms. 38930, Telephone No. (662) 453-8016. Well Location: Latitude 33.34584, Longitude 90.15526, Method of Loc. Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 NW 1/4 Sec 23, Twp 20N, Rng 1W, Distance 5 Miles, Direction SW, Nearest Town Money.

Well Data: Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other, Date well drilling started: 11-8-07, Date well drilling completed: 11-8-07, If flowing, method of flow regulation: Valve Other (describe), Static Water Level: 29 feet above or below (circle one) land surface, Date measured: 11-9-07, Method of Measurement (circle one) steel tape electric tape air line other, Hole depth: 117 Well depth: 117 Well grouted to a depth of 10 feet, Type of grout (circle one): Cement Bentonite Mix, Casing length: 77 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 78 feet to 117 feet, Type of completion (circle all applicable): Gravel packed Underscreened 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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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)854-6938 (fax)

For Office Use Only:

Acquirer: _____
 Well #: 6-132
 Elevation: _____

County: Leflore
 Report #: OW 42261
 Irrigation Equipment
 Erected: _____
 Date completed: 11-8-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

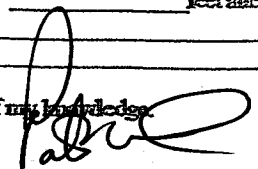
Well Owner Information	Well Location
Owner Name: <u>Melton Properties LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 286</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Greenwood Ms. 38930</u> City State Zip Code	<u>NE 1/4 NW 1/4 Sec 23 Twn 20N Rng 1W</u>
Telephone No. <u>(662) 453-8016</u>	Distance Direction Nearest Town <u>5 miles SW of Money</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="radio"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>11-9-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1400 ±</u> Gallons Per Minute	Number of Stages: <u>2</u>

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
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.

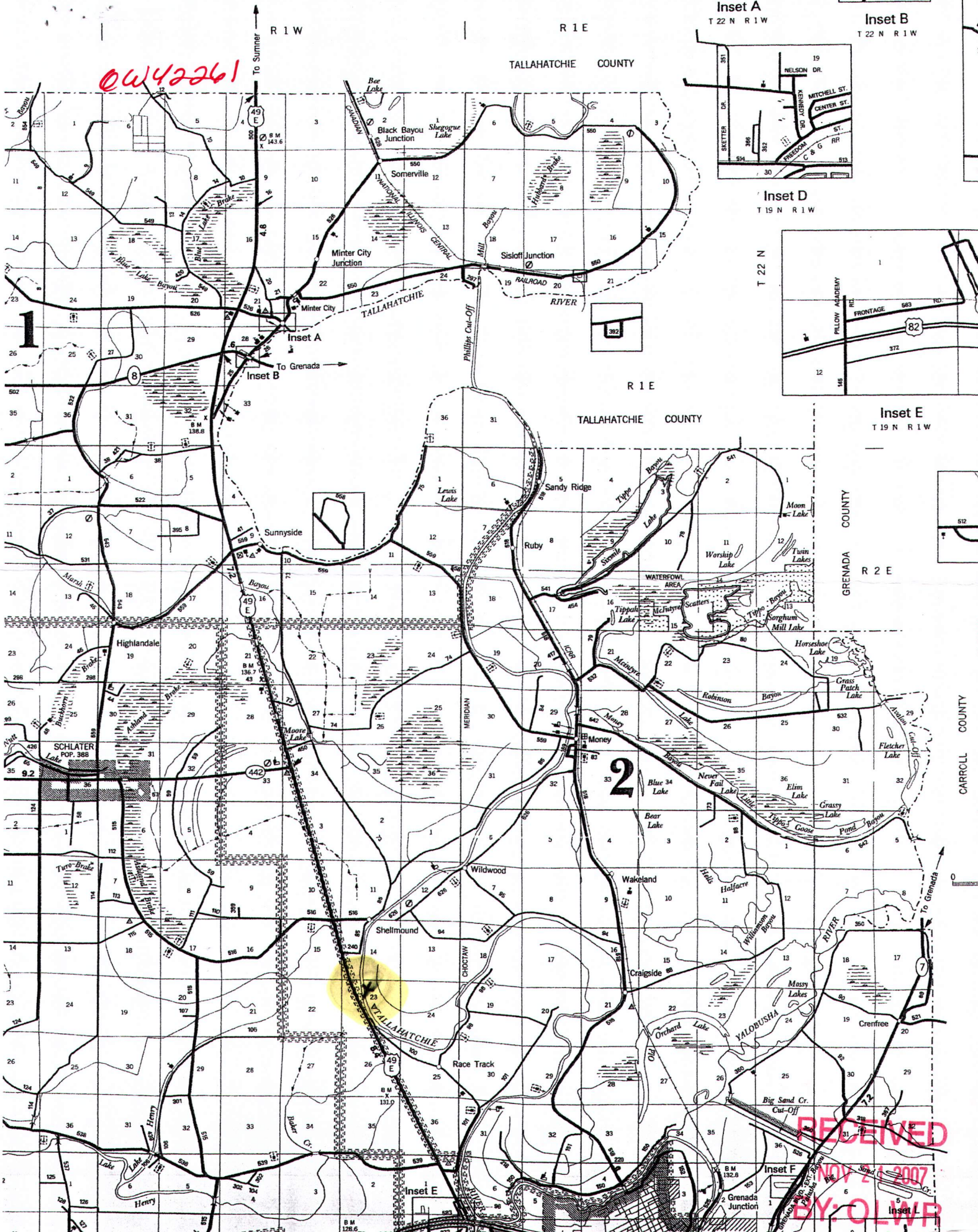
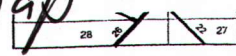
Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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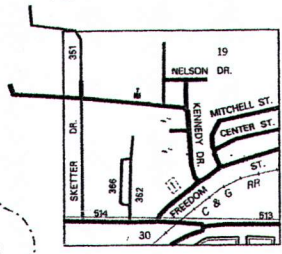
Melton Properties Map

G-132



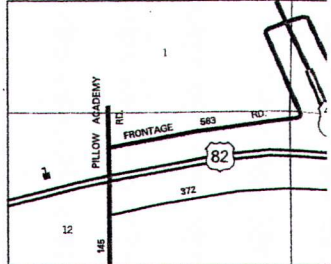
0W42261

Inset A
T 22 N R 1 W

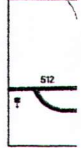


Inset B
T 22 N R 1 W

Inset D
T 19 N R 1 W



Inset E
T 19 N R 1 W



Inset F
T 22 N R 1 W

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