County:	Leflore	
Permit #:	GW-4554	13 /
Driller:	Irrigation	Equipment
Date drilli	ng completed:	03/05/2012

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:	5189
Well #:	
L.S. Ele	vation:
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.

	30 days of completion of drilling of the well or borenole.
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name Melton Properties LLC	Latitude: <u>33</u> ° <u>31</u> ' <u>01</u> " Longitude: <u>90</u> ° <u>21</u> ' <u>18</u> "
Mailing Address: P.O. Box 286	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-grade GPS
Greenwood Ms 3893	5 NW 1/4 NE 1/4 Sec 13 V Twn 19N Rng 2W
City State Zip	
Telephone No(2 Miles Northwest of Itta Bena
	Well / Borehole Data
Date drilling started: 03/05/2012 Date drilling complete	ed: 03/05/2012 Hole depth: 125 Hole diameter: 20"
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and	
	☐ Gamma Ray ☐ Density ☐ Sonic ☐ Neutron ☐ Other:
Purpose of borehole (check one): Water Well Geo	otechnical/Geological Investigation
	Other (describe)
If drilling is not related to wate	r well construction, skip the remainder of this block
Purpose of Well (check one)	Public Supply Irrigation Fish Culture Other:
If flowing, method of flow regulation: Valve	Other (describe)
Static Water Level: 51 feet above or below (check or	ne) □ land ☑ surface Date measured: 03/06/2012
Method of Measurement (check one) ⊠ steel tape □ electr	ic tape 🔲 air line 🔲 other:
Well depth: 125 Well grouted to a depth of 10	feet Type of grout (check one): Neat Cement Bentonite Mix
Casing length: 85 feet Casing diameter:	2 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 1	2 inches Type of screen: PVC
Screen slot size: .050 inches Setting dept	h: From <u>86</u> feet to <u>125</u> feet
Type of completion (check all applicable): Gravel packe	d Underreamed Telescoped Open hole Natural Development
Other (descri	be):
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one screen, describe on next page

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

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The sketch	below only	required	for water wells

<u>If well</u>	telescopes,	show	<u>depths</u>	on s	<u>ketch.</u>

<u>f well telescopes,</u>	show	<u>depths</u>	on s	<u>ketch</u>
Ground leve	el			

Description of form	ations encountered	must be p	provided for all
wells and boreholes	unless specifically	exempted	l by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	35
Fine Sand	36	45
Medium Sand	46	55
Course Sand & Gravel	56	75
Course Sand	76	95
Course Sand & Gravel	96	125

If more than one screen, show location of each on sketch

aid in	ayout and include the follow locating the well; 3) any re- orth arrow.	wing: 1) the well locationads, power lines, or other	on; 2) any permanent st her items that may aid in	ructures on the property that a locating the property and the	may e well;
,,,,,					
Landowner Name:	Melton Properties		─		
I certify that the well/bo	rehole was drilled, construct	ted, and completed in ac	cordance with all applica	Form: OLWR-SWF ble requirements of the	R-1A (04/08)

Mississippi Department of Environmental Quality and the Mississippi Department of Hearth regulations, if applicable, and state

03/15/2012

gnature of Licensee

Date

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BY: OLWR

Patrick Chism/Irrigation Equipment 0695

Print Name of Responsible Licensee and License No.

laws.

STATE WELL REPORT

County: Leflore Permit #: GW-45543 Driller: Irrigation Equipment Date drilling completed: 03/05/2012 Copy information from block on Part 1

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 #:	J189	_
Elevation:		_

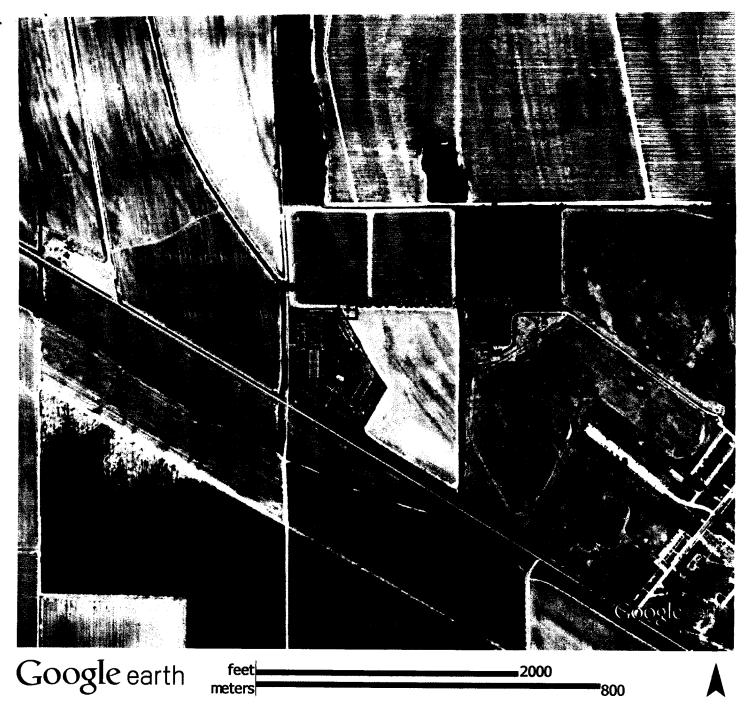
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

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: Melton Properties	Latitude: 33 31' 01 N Longitude: 90 21' 18 W
Mailing Address: P.O. Box 286	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Greenwood Ms 38935	NW 1/4 NE 1/4 Sec 13 T 19N R 2W
City State Zip code	Distance Direction Nearest Town
Telephone No. () -	2 Miles Northwest of Itta Bena
Pump Type Check one	Power Type Check one
☐ Air Lift ☐ Jet ☐ Submersible	☐ Diesel Engine ☐ Gasoline Engine ☐ Natural Gas
☐ Bucket ☐ Piston ☐ Turbine	☑ Electric Motor ☐ Hand ☐ Tractor PTO
☐ Centrifugal ☐ Rotary ☐ Flowing Well	☐ Windmill ☐ Other (specify):
Other (specify):	Horse Power Rating of Motor: 30
Date Pump Installed: 03/06/2012	Setting Depth: 70 feet
Rated Pump Capacity 1000+/- Gallons Per Minute	Number of Stages: 1
Pump Test Data	Method of Measuring Water Level Check 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	
Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head: feet
Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): hours	feet after hours of pumping
This is for (check one): New Well Replacem	ent of Existing Pump Repair of Existing Pump
I HEREBY CERTIFY that the above statements are true to the best of my	y knowledge.
Patrick Chism/Irrigation Equipment 0695 Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer RECEIVED

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

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