County: Leflore

Permit #: GW4540

Driller: Irrigation Equipment

Date drilling completed: 2-28-07

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 #: K-128

L. S. Elevation:

E-log #:

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: Fort Loring

Mailing Address: c/o John Moor

5977 County Road 145

Greenwood MS 38930
City State Zip Code

Telephone No. ( )

Well Location

Latitude: 33 ° 28 ' 37.1 " Longitude: 90 ° 18 ' 57.7 "

37 58

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

se ¼ sw ¼ SE Sec 29 Twn 19N Rng 1W

Distance 1 Miles Direction South of Nearest Town Itta Bena

Well Data

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

Date well drilling started: 2-28-07 Date well drilling completed: 2-28-07

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

Static Water Level: 35' feet above or (below) (circle one) land surface Date measured: 3-6-07

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: 16 inches Type of casing: PVC Sch. 40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

Screen slot size: .050 inches Setting depth: From 78 feet to 117 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.

Patrick M Chism

Signature of Water Well Contractor

RECEIVED
MAR 12 2007
BY: OLWR

K-

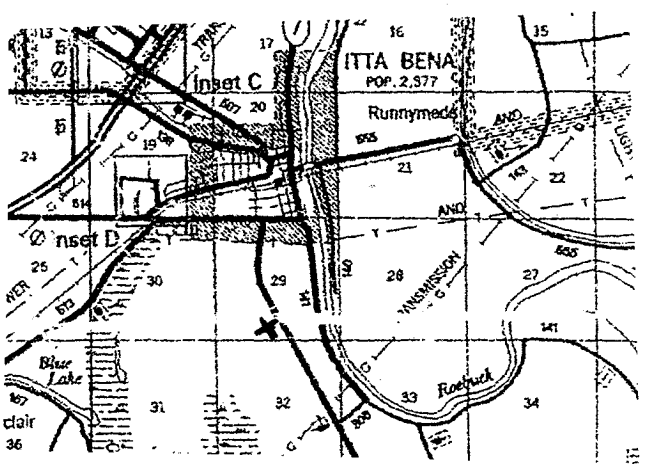
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	25
Fine Sand/gravel	26	45
Med. Sand/gravel	46	117

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: _____

Patel mca

Signature of Water Well Contractor

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: Leflore
Permit #: 6W41540
Driller: Irrigation Equipment
Date completed: 2-28-07

For Office Use Only:
Aquifer:
Well #: K-128
Elevation:

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

Owner Name: Fort Loring
Mailing Address: c/o John Moor
5977 County Road 145
Greenwood MS 38930
City State Zip Code

Telephone No. (____)

Well Location

Latitude: ____ Longitude: ____

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

____ ¼ ____ ¼ Sec 29 Twn 19N Rng 1W

Distance Direction Nearest Town
1 Miles South of Itta Bena

Pump Type
Circle one

Air Lift | Jet | Submersible
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify): ____

Date Pump Installed: 3-6-07
Rated Pump Capacity: 2800 Gallons Per Minute

Power Type
Circle one

Diesel Engine | Gasoline Engine | Natural Gas
Electric Motor | Hand | Tractor PTO
Windmill | Other (specify): ____

Horse Power Rating of Motor: 60
Setting Depth: 70 feet
Number of Stages: 1

Pump Test Data

Date Well Tested: ____
Static Water Level (A): ____ Feet Below Land Surface
Pumping Water Level (B): ____ Feet Below Land Surface
Drawdown [(B) – (A)]: ____ Feet Below Land Surface
Test Pumping Rate: ____ Gallons Per Minute
Duration of Pump Test (minimum 4 hours): ____ hours

Method of Measuring Water Level
Circle one

Air Line | Electric Measuring Line | Steel Tape
Other (specify): ____

For flowing well, measured shut in head: ____ feet
Well yielded ____ GPM with a drawdown of ____ feet after ____ hours of pumping

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
Signature of Pump Installer

RECEIVED
MAR 12 2007
BY: OLWR