

# 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)

County: Humphreys  
Permit #: \_\_\_\_\_  
Driller: Mat Nickles  
Date drilling completed: \_\_\_\_\_

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: B-233  
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	Well Location
Owner Name: <u>Dr. Walter Shelton</u>	Latitude: <u>33° 12' 12"</u> Longitude: <u>090° 35' 25"</u>
Mailing Address: <u>8106 Tupper Bayou Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Isola</u> <u>MS.</u> <u>38754</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4</u> Sec <u>27</u> Twn <u>16N</u> Rng <u>4W</u>
Telephone No. <u>(662) 247-1338</u>	Distance Direction Nearest Town <u>6</u> Miles <u>N.W.</u> of <u>Belzoni, MS.</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation <u>Fish Culture</u> Other: _____	
Date well drilling started: <u>7-26-05</u> Date well drilling completed: <u>7-26-05</u>	
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>27</u> feet above or below (circle one) land surface Date measured: <u>7-29-05</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>120</u> Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>80</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.035</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): <u>(note) Replacement well</u>	
Top of lap pipe or reduction in casing: <u>N/A</u> 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.	
<u>Robert Byars</u> <u>0-543</u>	<u>Robert Byars</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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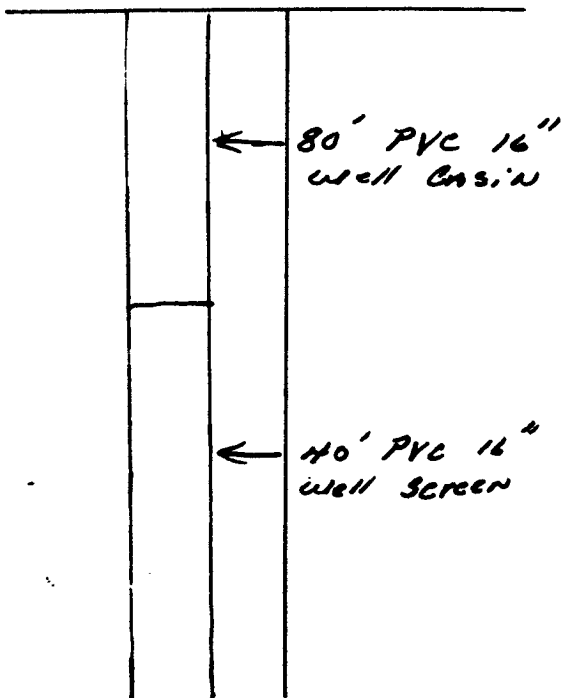
AUG 03 2005

BY: OLWR

B-233

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
CLAY	0	16
FINE TO MED SAND	16	30
MED TO COARSE SAND	30	70
COARSE SAND & P GRAVEL	70	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: Dr. Walter Shotton

Robert Byars  
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)354-6938 (fax)

County: Idemphus  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-233  
 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	Well Location
Owner Name: <u>Dr. Walter Shelton</u> Mailing Address: <u>8106 Tupper Bayou Rd</u> _____ <u>Isola</u> <u>MS</u> <u>38754</u> City State Zip Code Telephone No. <u>(662) 247-1338</u>	Latitude: <u>33° 12' 12" N</u> Longitude: <u>090° 35' 25" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>27</u> Twn <u>16N</u> Rng <u>4W</u> Distance Direction Nearest Town <u>6</u> Miles <u>NW</u> of <u>Belzoni, MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>7-29-05</u> Rated Pump Capacity: <u>2,500</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
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	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.

Robert Byars 0-543                      Robert Byars  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

RECEIVED

AUG 03 2005

BY: OLWR