

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)354-8938 (fax)

For Office Use Only:

County: Humphreys  
Permit #: GW 41929  
Driller: SEHudCO LTD  
Date drilling completed: 6-14-07

Aquifer: \_\_\_\_\_  
Well #: B-256  
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' 36"</u> Longitude: <u>90° 36' 55"</u>
Mailing Address: <u>8106 Pupper Bay Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>Ossola MS 38754</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 28 Twn 16N Rng 4W</u>
Telephone No. <u>662 247-1338</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

**Well Data**

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

Date well drilling started: 6-14-07 Date well drilling completed: 6-14-07

If flowing, method of flow regulation: Valve N/A Other (describe) N/A

Static Water Level: 32 feet above or below (circle one) land surface Date measured: 6-15-07

Method of Measurement (circle one) steel tape  electric tape air line other: N/A

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 0.35 inches Setting depth: From 0 feet to 120 feet

Type of completion (circle all applicable):  Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): N/A

Top of lap pipe or reduction in casing: N/A 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 Neutroc Other: N/A

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.

Robert Byars 0-543  
Print Name of Water Well Contractor and License No.

Robert Byars  
Signature of Water Well Contractor

Replacement well

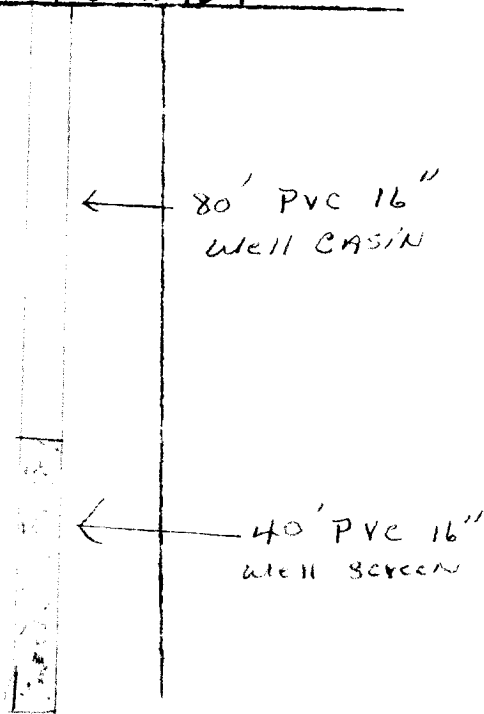
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If well telescopes please sketch below and show depths

B-256

Ground Level

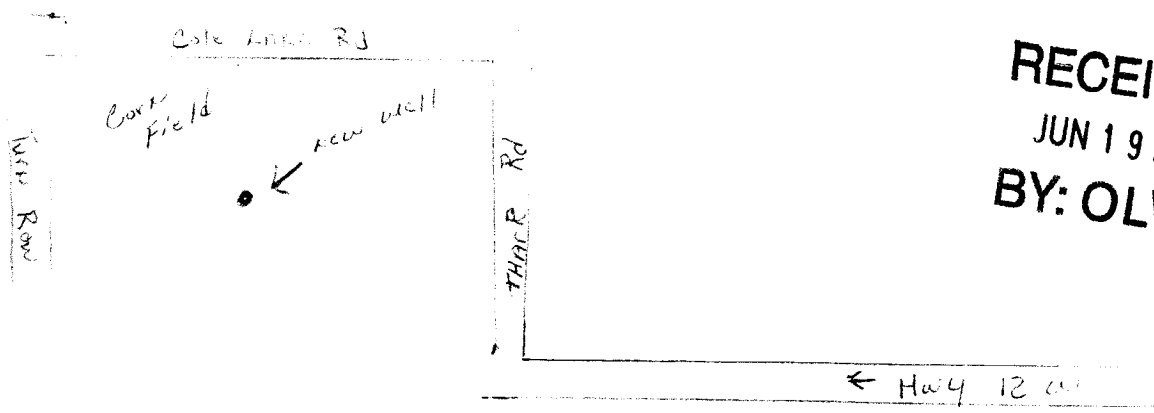
6W41929



Description of Formations Encountered	From	To
CLAY	0	10
CLAY	10	20
CLAY	20	30
COURSE SAND P-GRAVEL	30	40
COURSE SAND LITTLE P-GRAVEL	40	50
COURSE SAND LITTLE P-GRAVEL	50	60
COURSE SAND	60	70
med SAND	70	80
med SAND	80	90
COURSE SAND P-GRAVEL	90	100
COURSE SAND P-GRAVEL	100	110
COURSE SAND P-GRAVEL	110	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.



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Landowner Name: Dr. Walter Shelton

Robert Byan  
Signature of Water Well Contractor

Replacement Well

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: B-256

Elevation: \_\_\_\_\_

County: Humphreys  
Permit #: 6W41929  
Driller: SeHudco LTD  
Date completed: 6-14-07

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>Dr. Walter Shelton</u>	Latitude: <u>33° 12' 36"</u> Longitude: <u>90 36 55"</u>
Mailing Address: <u>8106 Tupper Bayou Rd</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Osola MS 38754</u>	USGS quad, ( <u>Hand-held GPS</u> ), Survey-grade GPS
City                      State                      Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>28</u> Twn <u>16N</u> Rng <u>4W</u>
Telephone No. <u>662-247-1338</u>	Distance                      Direction                      Nearest Town
	<u>7</u> Miles <u>NW</u> of <u>Belzoni MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	<u>Diesel Engine</u> Gasoline Engine                      Natural Gas
Bucket                      Piston <u>Turbine</u>	Electric Motor                      Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): <u>N/A</u>	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>6-15-07</u>	Sensing Depth: <u>60</u>
Rated Pump Capacity: <u>1900</u> Gallons Per Minute	Number of Stages: <u>3</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>N/A</u>	Air Line                      Electric Measuring Line                      Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>N/A</u>
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	

**BY: OLWR**

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

Replacement Well