

County Humphrey
Permit # 66042347
Driller: 3eHydro, LTD
Date drilling completed: 2-15-08

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)

Acquirer:
Well #: B-261
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>Damon Braswell</u>	Latitude: <u>33° 12' 52.4" N</u>	Longitude: <u>90° 35' 9.2" W</u>	
Mailing Address: <u>P.O. Box 662</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Belzoni</u> MS. <u>39038</u>	USGS quad. <u>Hand-held GPS, Survey-grade GPS</u>		
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 27 Twn 16N Rng 4W</u>		
Telephone No. <u>(662) 247-2863</u>	Distance <u>8</u> Miles	Direction <u>NW</u>	Nearest Town <u>Belzoni, MS</u>

Well Data

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

Date well drilling started: 2-15-08 Date well drilling completed: 2-15-08

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

Static Water Level: 34 feet above or below (circle one) land surface Date measured: 3-18-08

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

Hole depth: 119 Well depth: 119 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 0 feet to 119 feet

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

Top of tap 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 Neutron Other: N/A

Name of organization running log(s): N/A

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 Robert Byars
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
FEB 26 2008
BY: OLWR

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)961-3210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: B-261

Elevation: _____

County: Humphreys

Permit #: GW42347

Driller: Schudde LTD

Date completed: _____

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>Mr. Damon Braswell</u>	Latitude: <u>33° 12' 52.4" N</u> Longitude: <u>090° 35.912" W</u>
Mailing Address: <u>P.O. Box 662</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> Survey-grade GPS
<u>Belzoni MS 39038</u>	USGS quad. <u>(Hand-held GPS)</u>
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. <u>(662) 247-2863</u>	Distance Direction Nearest Town
	<u>8 Miles N/W of Belzoni, MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> Hand <input type="checkbox"/> Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>2-19-08</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1100</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>N/A</u>	Air Line Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>34'</u> 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	

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge

Robert Byars 0543 Robert Byars

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer