

County Humphreys  
 Permit # 42348  
 Driller: Schudes LTD  
 Date drilling completed: 2-18-08

Part I  
 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-262  
 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>Potter &amp; Hoke, LLC</u>	Latitude: <u>33° 12' 47.3"</u> <sup>N</sup>	Longitude: <u>90° 38' 54.2"</u> <sup>W</sup>	
Mailing Address: <u>P.O. Box 698</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
	USGS quad: <u>(Hand-held GPS) / Survey-grade GPS</u>		
<u>BELZONI</u> MS. <u>39038</u>	<u>SE 1/4 NE 1/4 Sec 30 Twp 16N Rng 4W</u>		
City State Zip Code	Distance: <u>13</u> Miles	Direction: <u>N/W</u>	Nearest Town: <u>BELZONI, MS</u>
Telephone No: <u>(662) 247-1632</u>			

**Well Data**

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

Date well drilling started: 2-19-08 Date well drilling completed: 2-19-08

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

Static Water Level: 33 feet above or below (circle one) land surface Date measured: 2-17-08

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 118 Well depth: 118 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 16 inches Type of casing: P.V.C.

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

Screen slot size: .032 inches Setting depth: From 0 feet to 118 feet

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

Top of lap pipe or restriction 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

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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

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-262

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

County: Humphreys  
 Permit #: 06042348  
 Driller: Schudde LTP  
 Date completed: 2-18-08

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>Pattor + Hoke, LLC</u> Mailing Address: <u>P.O. Box 678</u> <u>Belzoni MS 39038</u> City State Zip Code Telephone No. <u>(662) 247-1632</u>	Latitude: <u>33 12 473</u> Longitude: <u>090 38 542</u> Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad, (Hand-held GPS), Survey-grade GPS</u> _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____ Distance Direction Nearest Town <u>13</u> Miles <u>N/W</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>2-19-08</u> Rated Pump Capacity: <u>3000</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>40</u> feet Number of Stages: <u>2</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>N/A</u> Static Water Level (A): <u>33</u> 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): <u>N/A</u> 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 T. Byars 0-543  
 Print Name of Pump Installer and License No. (if applicable)

Robert Byars  
 Signature of Pump Installer

Replacement Well