

Filed 4-13-09

County: Humphreys
Permit #: GW43127
Driller: Charles M. Nichols
Date drilling completed: 3-21-09

State Well Report
Part 1 - Driller's Log
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: 283
Well #: B-274
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

| Information on Well Owner (Landowner if borehole is not for a water well) | Well or Borehole Location |
|---|---|
| Owner Name: <u>Denon Braswell</u> | Latitude: <u>33° 13.775' N</u> Longitude: <u>90° 37.956' W</u> |
| Mailing Address: <u>1351 Tharp Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Belzoni</u> <u>MS</u> <u>39038</u> | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>Sw 1/4 Sec 17</u> Twn <u>16N</u> Rng <u>4W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>9</u> Miles <u>NW</u> of <u>Belzoni</u> <u>Cold Lake</u> |
| Well / Borehole Data | |
| Date drilling started: <u>3-21-09</u> Date drilling completed: <u>3-21-09</u> Hole depth: <u>116</u> Hole diameter: <u>20</u> | |
| Location of the source of any surface water used for drilling: <u>Ditch</u> | |
| Method of dosing and volume of Chlorine used in drilling and development: <u>HTH</u> | |
| Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ | |
| Name of organization running log(s): _____ | |
| Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ | |
| Seismic Survey _____ Other (describe) _____ | |
| <u>If drilling is not related to water well construction, skip the remainder of this block</u> | |
| Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____ | |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>28.3</u> feet above or below (circle one) land surface Date measured: <u>3-21-09</u> | |
| Method of Measurement (circle one) steel tape electric tape air line other: _____ | |
| Well depth: <u>116</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite <u>Mix</u> | |
| Casing length: <u>76</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u> | |
| Screen slot size: <u>.032</u> inches Setting depth: From <u>76</u> feet to <u>116</u> feet | |
| Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development | |
| Other (describe): _____ | |
| Top of lap pipe or reduction in casing: _____ feet. <u>If telescoped or more than one screen, describe on next page</u> | |

B+B WELL, PLMP - PLUMB

Form: OLWR-SWR-1A

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BY: OLWR
APR 13 2009

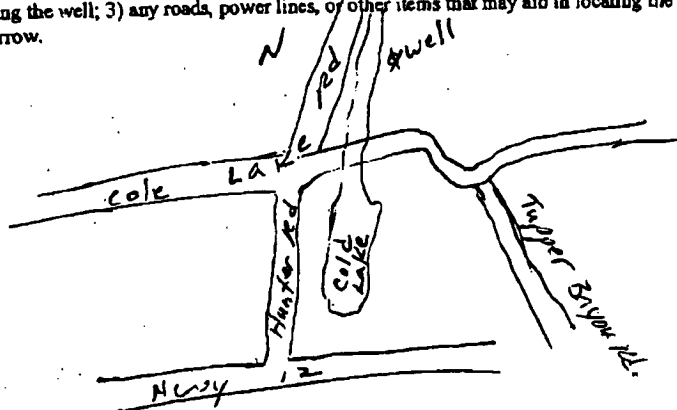
B-283

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

[illegible]

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) a north arrow.



Landowner Name: Denon Braswell

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

laws.
Charles M. Nichols 0-0667 3-21-09

Print Name of Responsible Licensee and License No.

Date

Barb M. Nichols
Signature of Licensee

Signature of Licensee

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Bill Schultz

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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)

For Office Use Only:

Aquifer:

Well #: B-283

Elevation: _____

County: Humphreys
Permit #: OLW 43127
Driller: SeHudco LTD
Date completed: 3-21-09

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: Mr. DEMON BRASWELL
Mailing Address: 1351 THARP RD
P.O. Box 662
Belzoni MS 39038
City State Zip Code
Telephone No. (662) 247-2863

Well Location

Latitude: N 38° 13' 77.5" Longitude: W 90° 37' 95.7"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, (Hand-held GPS) Survey-grade GPS
S 4 SE 1/4 Sec 17 Twn 16 Rng 4
Distance Direction Nearest Town
9 Miles N/W of Belzoni

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 3-31-09
Rated Pump Capacity: 1200 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): N/A
Horse Power Rating of Motor: 30
Setting Depth: 60 feet
Number of Stages: 1

Pump Test Data

Date Well Tested: 3-31-09
Static Water Level (A): 28.3 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.

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

Robert Byars
Signature of Pump Installer

Cole Lake Rd.

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