

County: Humphreys
 Permit #: 45770J
 Driller: Charles M. Nichols
 Date drilling completed: 2-22-12

State Well Report
Part I - 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: _____
 Well #: B314
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>Denom Braswell</u>	Latitude: <u>33° 12' 7.22N</u> Longitude: <u>90° 35' 54.8W</u>
Mailing Address: <u>P.O. Box 662</u>	Method of Lat/Long (circle one): <u>43</u> Conventional Survey, <u>32</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>NE 1/4 NE 1/4 Sec 27</u> <u>Twn 16N</u> <u>Rng 4W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>6</u> Miles <u>NW</u> of <u>Belzoni, MS.</u>

Well / Borehole Data

Date drilling started: 2-22-10 Date drilling completed: 2-22-10 Hole depth: 110 Hole diameter: 26

Location of the source of any surface water used for drilling: Ditch

Method of dosing and volume of Chlorine used in drilling and development: HTH

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 33 feet above below (circle one) land surface Date measured: 3-2-12

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: pvc

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

Screen slot size: .035 inches Setting depth: From 70 feet to 110 feet

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

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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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 2309
Jackson, MS 39225
(601)961-3210
(601)961-5228 (Fax)

For Office Use Only:

Acquirer:

Well #: B314

Elevation:

County: Humphreys
 Permit #: 45770
 Driller: Matt Nichols
 Date completed: _____
 Case Information from Block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Dennis Braswell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 662</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Belzoni MS 39038</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 Sec 27 T16N R04W</u>
Telephone No. <u>(662) 247-4326</u>	Distance Direction Nearest Town
	<u>6 Miles NW of Belzoni, MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Submersible <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/>
Piston <input type="checkbox"/>	Hand <input type="checkbox"/>
Turbine <input checked="" type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Windmill <input type="checkbox"/>
Rotary <input type="checkbox"/>	Other (specify): _____
Flowing Well <input type="checkbox"/>	Horse Power Rating of Motor: <u>60</u>
Other (specify): _____	Setting Depth: <u>60</u> feet
Date Pump Installed: <u>3-2-2012</u>	Number of Stages: <u>1</u>
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-2-2012</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>33</u> Feet Below Land Surface	Electric Measuring Line <input checked="" type="checkbox"/>
Pumping Water Level (B): _____ Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown (B)-(A): _____ Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: _____ Gallons Per Minute	For flowing well, measured about in head: _____ feet
Duration of Pump Test (minimum 4 hours): _____ hours	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

Form: OLWR-SWR-1B (04/06)