

State Well Report

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)

For Office Use Only:

Aquifer: _____
Well #: C-164
L. S. Elevation: _____
E-log #: _____

County: Lumpkin
Permit #: 20041198
Driller: Matt
Date drilling completed: 5/15/06

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>Tam-AN CATFISH</u>	Latitude: <u>33° 12' 49"</u> Longitude: <u>89° 31' 39"</u>
Mailing Address: <u>P.O. Box 698</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Belmont</u> <u>MS</u> <u>39007</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>W 1/4 NE 1/4</u> Sec <u>20</u> Twn <u>16 N</u> Rng <u>3 W</u>
Telephone No. (<u>662</u>) <u>747-1632</u>	Distance <u>3</u> Miles Direction <u>N</u> of Nearest Town <u>Belmont, MS</u>

Well Data

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

Date well drilling started: 5-15-06 Date well drilling completed: 5-15-06

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

Static Water Level: 32 feet above or below (circle one) land surface Date measured: 5-19-06

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

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: 10 inches Type of casing: P.V.C.

Screen length: 43 feet Screen diameter: 10 inches Type of screen: P.V.C.

Screen slot size: 20 inches Setting depth: From 0 feet to 40 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 Neutron 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.

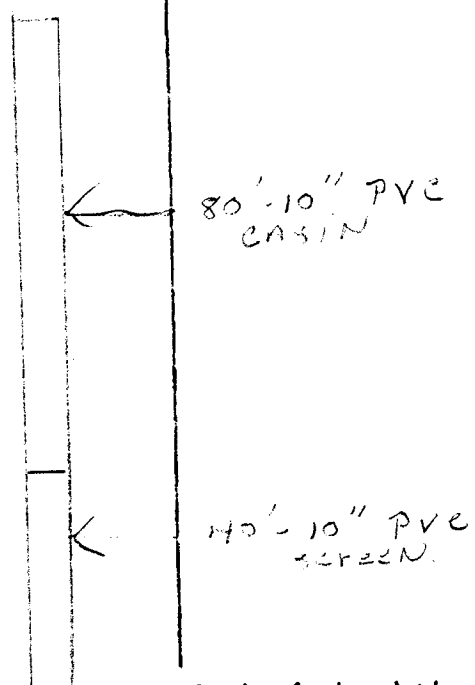
Robert Byrns 0-543 Robert Byrns
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

C-164

Ground Level 62041148



Description of Formations Encountered	From	To
CLAY	0	30
FINE SAND	30	50
MED SAND	50	50
med to coarse sand	50	50
COARSE SAND with P. shells	50	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.

Hwy 49 N

about 3 miles from intersection

TAM. AN
Intracite

10' well

Intersects 12 + 47 E

W

Landowner Name: Mr. Butler

Robert Beyer
Signature of Water Well Contractor

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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)

County: _____
Permit #: 6W41148
Driller: _____
Date completed: _____

For Office Use Only:

Aquifer: _____
Well #: C-164
Elevation: _____

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: JAM-AN CATFISH
Mailing Address: PO Box 698
Belzoni MS. 39038
City State Zip Code
Telephone No. (662) 247-1638

Well Location

Latitude: 33° 12' 49" Longitude: 090° 31' 39" W
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, (Hand-held GPS) Survey-grade GPS
____ 1/4 ____ 1/4 Sec 20 Twn 16N Rng 3W
Distance Direction Nearest Town
3 Miles N of Belzoni, MS.

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 5/19/05
Rated Pump Capacity: _____ Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 30
Setting Depth: 70 feet
Number of Stages: 1

Pump Test Data

Date Well Tested: N/A
Static Water Level (A): _____ 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): N/A
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 0543
Print Name of Pump Installer and License No. (if applicable)

Robert Byars
Signature of Pump Installer

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JUN 02 2006

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Opndi J. 1980

1980: 1980/1980