

County Humphreys  
 Permit # (6141) 96  
 Driller: SEHudec LTD  
 Date drilling completed: 5-31-07

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-168  
 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>Kenny Rodgers</u>	Latitude: <u>33° 12' 41"</u> Longitude: <u>90° 28' 51"</u>
Mailing Address: <u>3020 State Hwy 7</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>SE 1/4 NW 1/4 Sec 26 Twn 16N Rng 3W</u>
Telephone No: <u>(662) 247-3609</u>	Distance Direction Nearest Town
	<u>2 Miles N/E of Belzoni, MS</u>

Well Data

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

Date well drilling started: 5-31-07 Date well drilling completed: 5-31-07

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

Static Water Level: 31 feet above or below (circle one) land surface Date measured: 6-1-07

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

Hole depth: 92 Well depth: 92 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 72 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .082 inches Setting depth: From 0 feet to 72 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

Log run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: N/A

Name of organization running logs: \_\_\_\_\_

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

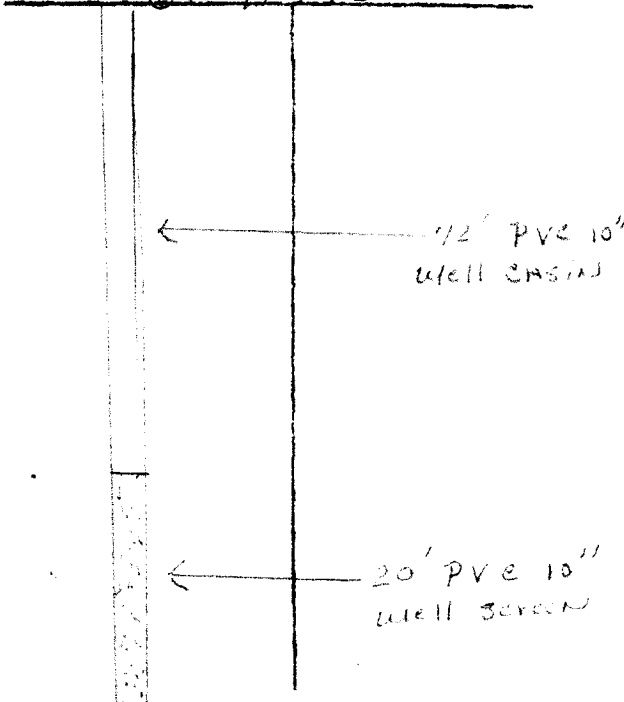
(Replacement Well)

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If well telescopes please sketch below and show depths

C-168

Ground Level 6041796



Description of Formations Encountered	From	To
SANDY CLAY	0	20
GRAY CLAY	20	35
COURSE SAND	35	50
COURSE SAND LITTLE P GRAVEL	50	90

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.

A hand-drawn sketch of a property layout. At the top, a horizontal line is labeled 'MAY POLE ROAD'. Below the road, there are two rectangular structures: one labeled 'SHOP' and another labeled 'TRACTOR SHED'. A dashed line indicates the well location, with a small circle at the end of the line. To the right of the sketch, there is a vertical line labeled 'Hwy 7 NORTH'. At the bottom left, the text 'Landowner Name: Kennedy Rodgers' is written, with an arrow pointing to the right towards the well location.

Robert Byar (Replacement well)  
Signature of Water Well Contractor

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BY OLWF

# 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 #: C-168

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

County: Humphreys  
 Permit #: 6041796  
 Driller: Sethudo LTD  
 Date completed: 5-31-07

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>Kenny Rodgers</u>	Latitude: <u>33° 12' 47" N</u> Longitude: <u>90 28 52 W</u>
Mailing Address: <u>3020 State Hwy 7</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Belzoni</u> MS <u>39038</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. <u>(662) 247-3609</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>N/E</u> of <u>Belzoni MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>N/A</u>
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>6-1-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>800</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 Steel Tape
Static Water Level (A): _____ 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	

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

(Replacement Well)

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 BY OLWR