

County Humphreys
 Permit # GW43627
 Driller: SeHudec LLC
 Date drilling completed: 11-13-09

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 C 178
 Well #: _____
 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>Hall Barrett III & Lig Jordan</u>	Latitude: <u>33° 11' 57.4"</u>	Longitude: <u>90° 30' 35.20"</u>	
Mailing Address: <u>406 Leplare St.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> 21		
	USGS quad. <u>(Hand-held GPS)</u> Survey-grade GPS		
City: <u>Belzoni</u> MS 39338	SE 1/4 NE 1/4 Sec <u>33</u> Twp <u>16N</u> Rng <u>3W</u>		
Telephone No. <u>662 247-2833</u>	Distance <u>1</u> Miles	Direction <u>NW</u>	Nearest Town <u>Belzoni</u>

Well Data

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

Date well drilling started: 11-13-09 Date well drilling completed: 11-13-09

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: 11-15-09

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Concrete Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .232 inches Setting depth: From 0 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Underscreened 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 Neutroc 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 Byars 0-543 Robert Byars
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

well # 1

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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: Humphrey 3
Permit #: _____
Driller: Schudco LLC
Date completed: 11-16-09
Copy information from block on Part 1

For Office Use Only:
Aquifer: C178
Well #: _____
Elevation: _____

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>Hall Barrett III + Liz Jordan</u>	Latitude: <u>33° 11' 55.4" N</u> Longitude: <u>090° 30.352' W</u>
Mailing Address: <u>406 Zephora St</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Belzoni MS. 39038</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(662) 247-2833</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>NW</u> of <u>Belzoni, MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): <u>N/A</u>
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>11-16-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2500</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 <input type="checkbox"/> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>24</u> Feet Below Land Surface	Other (specify): <u>N/A</u>
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B)-(A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of
Test Pumping Rate: <u>NA</u> Gallons Per Minute	<u>N/A</u> feet after <u>N/A</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Robert BYARS 0-543 Robert Byars
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Well #1

Form: OLWR-SWR-1B

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