

County: Humphreys  
 Permit #: \_\_\_\_\_  
 Driller: SeHudeco Drilling  
 Date drilling completed: 3-2-07

# State Well Report

Part 1

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 #: D-71  
 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>Mr. KENNY Rodgers</u>     | Latitude: <u>33° 13' 19" N</u> Longitude: <u>90° 25' 36" W</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)</u> Survey-grade GPS             |
| City State Zip Code                      | <u>SW 1/4 NE 1/4 Sec 20 Twn 16N Rng 2W</u>                     |
| Telephone No. <u>(662) 247-3609</u>      | Distance Direction Nearest Town                                |
|  | <u>7 Miles N/E of BELZONI, MS.</u>                             |

**Well Data**

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

Date well drilling started: 3-2-07 Date well drilling completed: 3-2-07

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

Static Water Level: 19 feet above or below (circle one) land surface Date measured: 3-3-07

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

Hole depth: 195 Well depth: 104 Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 64 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .035 inches Setting depth: From 0/CA feet to 104 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): N/A

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  
 Print Name of Water Well Contractor and License No.

Robert Byars  
 Signature of Water Well Contractor

replacement for previous?

Replacement Well  
**RECEIVED**  
 MAR 08 2007  
 BY: OLWF

10/10/2003

10/10/2003

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| 10/10/2003 | 10/10/2003 | 10/10/2003 | 10/10/2003 | 10/10/2003 | 10/10/2003 |
| 10/10/2003 | 10/10/2003 | 10/10/2003 | 10/10/2003 | 10/10/2003 | 10/10/2003 |

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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 #: D-71

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

County: Humphreys  
 Permit #: \_\_\_\_\_  
 Driller: Schudeo Drilling  
 Date completed: 3-2-07

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>Mr Kenny Rodgers</u>      | Latitude: <u>33° 13' 19'</u> Longitude: <u>90° 25' 36"</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                      | <u>1/4</u> <u>1/4</u> Sec <u>    </u> Twn <u>    </u> Rng <u>    </u> |
| Telephone No. ( ) _____                  | Distance Direction Nearest Town                                       |
|  | <u>7</u> Miles <u>N/E</u> of <u>BELZONI, MS.</u>                      |

| Pump Type<br>Circle one                             | Power Type<br>Circle one                         |
|---|--|
| Air Lift Jet Submersible                            | <u>Diesel Engine</u> Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u>                        | Electric Motor Hand Tractor PTO                  |
| Centrifugal Rotary Flowing Well                     | Windmill Other (specify): _____                  |
| Other (specify): _____                              | Horse Power Rating of Motor: <u>60</u>           |
| Date Pump Installed: <u>3-5-07</u>                  | Setting Depth: <u>50</u> feet                    |
| Rated Pump Capacity: <u>1800</u> Gallons Per Minute | Number of Stages: <u>3</u>                       |

| Pump Test Data   | Method of Measuring Water Level<br>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           |
| Test Pumping Rate: _____ Gallons Per Minute            | _____ feet after _____ hours of pumping             |
| 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 Robert Byars  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Replacement Well RECEIVED  
 MAR 08 2007  
 BY: OLWF

