

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 #: E-218
L. S. Elevation: _____
E-log #: _____

County: Humphreys
Permit #: OW 41535
Driller: Schudeo Drilling
Date drilling completed: 3-3-07

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>DERON BRASWELL</u>	Latitude: <u>33° 06' 39" N</u> Longitude: <u>90° 34' 06" W</u>
Mailing Address: <u>P.O. Box 662</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 SW 1/4 Sec. 13 Twn 15N Rng 4W</u>
Telephone No. (662) <u>247-2863</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>SW</u> of <u>Belzoni, MS</u>

Well Data

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

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

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 3-5-07

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

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .035 inches Setting depth: From 0 feet to 110 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 Byars 0-543
Print Name of Water Well Contractor and License No.

Robert Byars
Signature of Water Well Contractor

RECEIVED
MAR 5 2007
BY: OLWR

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 #: E-218

Elevation: _____

County: Humphreys
Permit #: GW 41535
Driller: Schudeo Drilling
Date completed: 3-3-07

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>DENON BRASWELL</u>	Latitude: <u>33° 06' 39" N</u> Longitude: <u>090° 34' 00" W</u>
Mailing Address: <u>P.O. Box 662</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Belzoni MS. 39038</u>	USGS quad, (<u>Hand-held GPS</u>) Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 25 Twn 15N Rng 4W</u>
Telephone No. <u>(662) 247-2863</u>	Distance Direction Nearest Town
	<u>6 Miles SW of Belzoni MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>3-5-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1000</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
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.

<u>Robert Byars 0-543</u>	<u>Robert Byars</u>
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

RECEIVED
MAR 08 2007
BY: OLWR