

County Humphreys
 Permit # 0W41762
 Driller: SeHudco LTD
 Date drilling completed: 4-26-07

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 #: E-221
 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
 Owner Name: Billy George JANOUS
 Mailing Address: 1447 Sunflower
River Road
Belzoni MS 39038
 City State Zip Code
 Telephone No. (662) 247 1955

Well Location
 Latitude: 33° 07' 18" Longitude: 90° 38' 22"
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad. (Hand-held GPS) Survey-grade GPS
NW 1/4 NW 1/4 Sec 29 Twp 15N Rng 4W
 Distance Direction Nearest Town
12 Miles SW of Belzoni MS

Well Data
 Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 4-26-07 Date well drilling completed: 4-26-07
 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: 4-27-07
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 115 Well depth: 115 Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 75 feet Casing diameter: 16 inches Type of casing: P.V.C.
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.
 Screen slot size: 35 inches Setting depth: From 0 feet to 115 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 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
 Print Name of Water Well Contractor and License No.

Robert Byrns
 Signature of Water Well Contractor

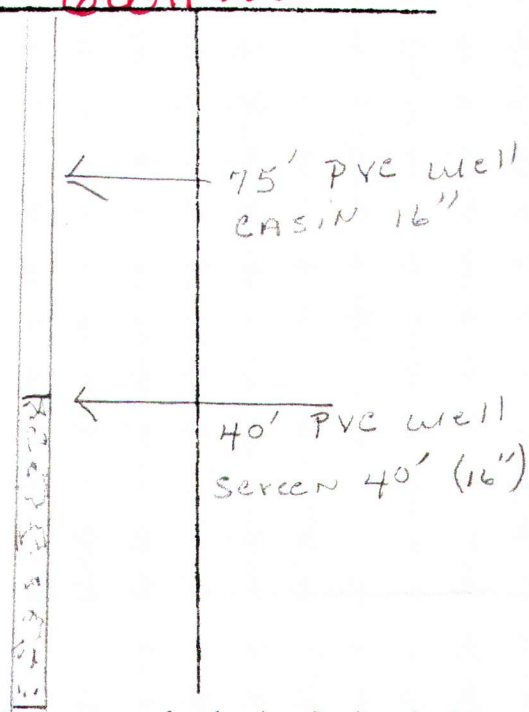
Replacement Well

RECEIVED
 MAY 01 2007
 BY: OLWR

If well telescopes please sketch below and show depths.

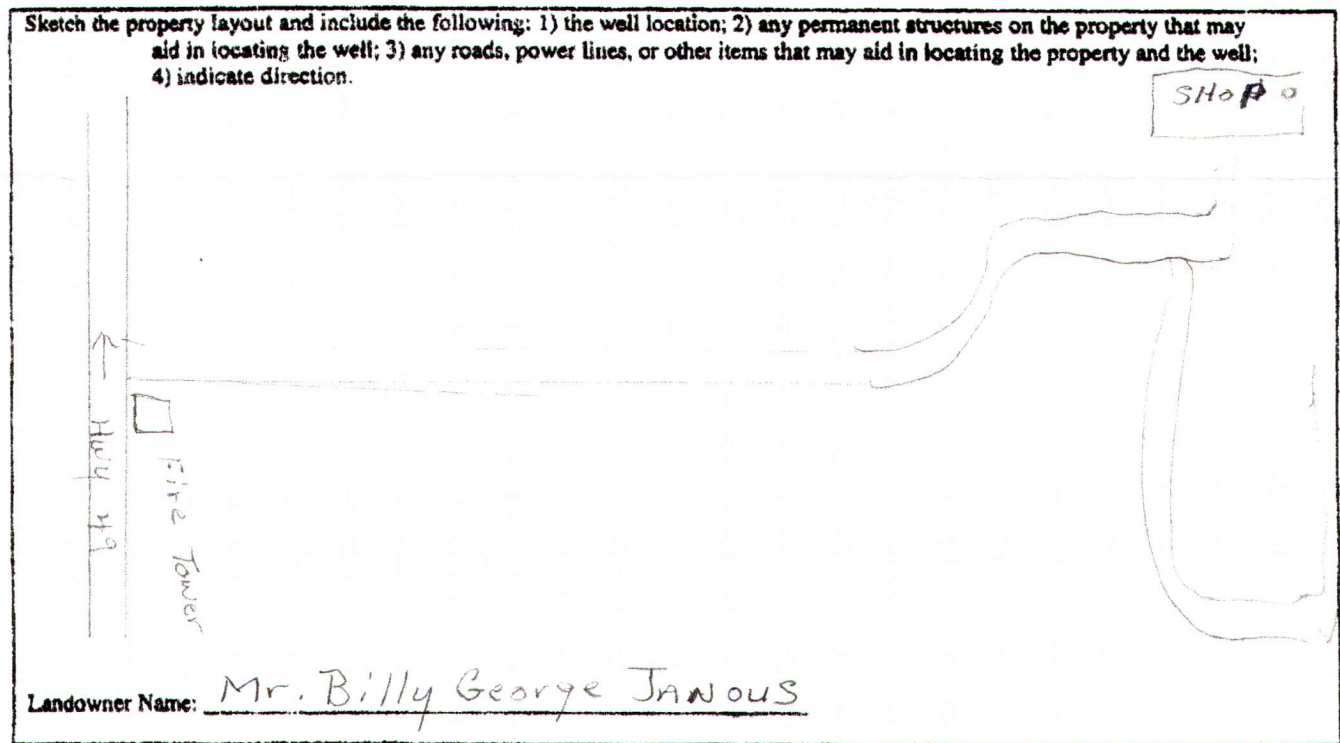
E-221

Ground Level 664762



Description of Formations Encountered	From	To
CLAY	0	34
med SAND	34	60
COURSE SAND	60	70
COURSE SAND & P Gravel	70	82
Fine SAND	82	95
COURSE SAND & P Gravel + Gravel	95	115

If more than one screen, show location of each on sketch



Robert Byars
Signature of Water Well Contractor

Replacement Well

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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 #: E-221
 Elevation: _____

County: Humphreys
 Permit #: GW 4762
 Driller: SeHudeo LTP
 Date completed: 4-27-07

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>Billy George JANOUS</u> Mailing Address: <u>1447 Sunflower River Road</u> <u>Belzoni MS 39038</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: <u>33° 07' 18" N</u> Longitude: <u>090 38' 22" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____ Distance Direction Nearest Town <u>12 Miles SW of Belzoni MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>4-27-07</u> Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>N/A</u> 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	Air Line Electric Measuring Line Steel Tape Other (specify): <u>N/A</u> 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 0-543
 Print Name of Pump Installer and License No. (if applicable)

Robert Byars
 Signature of Pump Installer

Replacement Well

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