

Faxed 4-13-09

County: Humphreys
 Permit #: 6W43129
 Driller: Charles M. Nichols
 Date drilling completed: 3-25-09

State Well Report
Part 1 - Driller's Log
 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-225
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Denon Braswell</u>	Latitude: <u>33° 08.958' N</u> Longitude: <u>090° 36.593' W</u>
Mailing Address: <u>1351 Tharp Rd</u>	Method of Lat/Long (circle one): <u>58</u> Conventional Survey, <u>24</u>
<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>15</u> Twp <u>15N</u> Rng <u>4W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3/4</u> Miles <u>N</u> of <u>Golden Lake</u>

Well / Borehole Data

Date drilling started: 3-25-09 Date drilling completed: 3-25-09 Hole depth: 107 Hole diameter: 20

Location of the source of any surface water used for drilling: Fish Pond
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

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

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 29 feet above or below (circle one) land surface Date measured: 3-25-09
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 107 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 67 feet Casing diameter: 10 inches Type of casing: pvc
 Screen length: 40 feet Screen diameter: 10 inches Type of screen: pvc
 Screen slot size: 1032 inches Setting depth: From 67 feet to 107 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet *If telescoped or more than one screen, describe on next page*

B+B Well, Pump + PLUMB.

Form: OLWR-SWR-1A

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BY: OLWF

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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-225

Elevation: _____

County: Humphreys
Permit #: 6W43129
Driller: Schudco LTD
Date completed: 3-25-09

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. Demon Braswell</u>	Latitude: <u>N 33° 08' 95"</u> Longitude: <u>W 090° 36' 39"</u>
Mailing Address: <u>1351 THARP Rd</u> <u>P.O. Box 662</u> <u>Belzoni MS 39038</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>15</u> Twn <u>15</u> Rng <u>4W</u>
Telephone No. <u>(662) 247-2863</u>	Distance Direction Nearest Town <u>8 1/2 Miles S/W of Belzoni MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>3-31-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-31-09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>29</u> Feet Below Land Surface	Other (specify): _____
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 Robert Byars
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Sixteen Seet Road

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