

# 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 #: F-190  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Humphreys  
Permit #: \_\_\_\_\_  
Driller: Schudeo LTD  
Matt Nichols  
Date drilling completed: 11-10-06

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. Demar Braswell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 662</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>Belzoni</u> <u>MS</u> <u>39038</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>14</u> <u>14</u> Sec <u>29</u> Twn <u>15N</u> Rng <u>3W</u>
Telephone No. <u>(662) 247-2863</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>N</u> of <u>Silver City, MS</u>

**Well Data**

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

Date well drilling started: 11-9-06 Date well drilling completed: 11-10-06

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

Static Water Level: 39 feet above or below (circle one)  land surface  Date measured: 11-13-06

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

Hole depth: 650 Well depth: 650 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite  Mix

Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 630 feet to 650 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: 180 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.

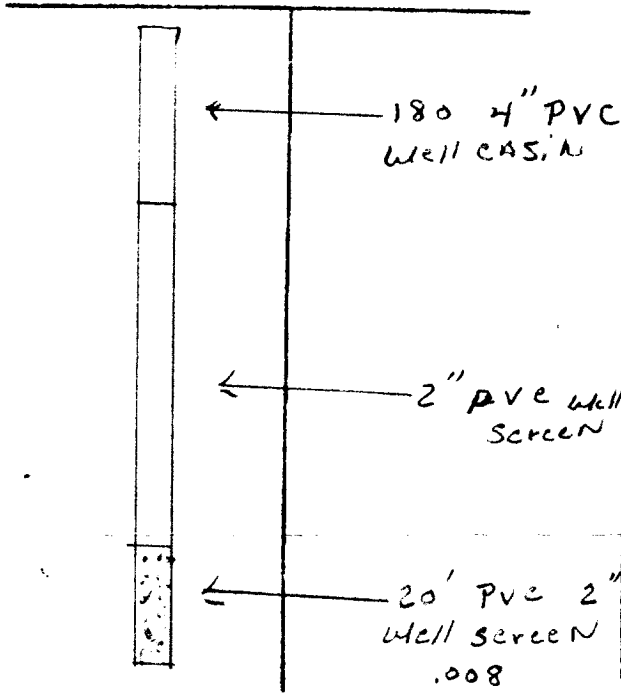
Robert Byars 0-543 Robert Byars  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

F-190

Ground Level



Description of Formations Encountered	From	To
CLAY	0	40
FINE SAND	40	60
COURSE SAND & PG	60	120
COURSE SAND PG & GRAVEL	120	144
CLAY	144	160
SANDY CLAY	160	200
SAND	200	236
SAND & CLAY	236	260
COURSE SAND	260	300
COURSE SAND WITH CLAY	300	340
MED SAND	340	360
SANDY SHELL	360	560
FINE SAND	560	650
COURSE SAND	650	

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Town

Silver City MS

2 miles

Hwy I-49 →

Belzoni MS

N

New Brick House

well location

Landowner Name: Mr. Damon Braswell

Old River Run on East Side of New House

Robert Beyer  
 Signature of Water Well Contractor

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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: \_\_\_\_\_  
Permit #: \_\_\_\_\_  
Driller: \_\_\_\_\_  
Date completed: \_\_\_\_\_

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: F-190  
Elevation: \_\_\_\_\_

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. Deman Braswell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 662</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Belzoni</u> MS <u>39038</u>	<u>1/4</u> <u>1/4</u> Sec <u>29</u> Twn <u>15</u> Rng <u>3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No <u>(662) 247-2863</u>	<u>2</u> Miles <u>N</u> of <u>Silver City, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="checkbox"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>11-13-06</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>45</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"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape
Static Water Level (A): _____ 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

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