

State Well Report

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)

County: Humphreys
Permit #: 6W4121
Driller: SEHudes LTD
MAT NICKEL'S
Date drilling completed: 11-16-06

For Office Use Only:
Aquifer: _____
Well #: F-191
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. HALL BARRET</u>	Latitude: <u>33° 08' 13"</u> Longitude: <u>90° 28' 27"</u>
Mailing Address: <u>P.O. Box 713</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 23 Twn 15N Rng 3W</u>
Telephone No. <u>(662) 247-4466</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>S.E.</u> of <u>Belzoni MS.</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Replacement 6W09020

Date well drilling started: 11-16-06 Date well drilling completed: 11-16-06

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

Static Water Level: 2.5 feet above or below (circle one) land surface Date measured: 11-27-06

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

Hole depth: 120 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: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .035 inches Setting depth: From 75 feet to 115 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 BYANS 0-543
Print Name of Water Well Contractor and License No.

Robert Byans
Signature of Water Well Contractor

Replacement RECEIVED

DEC 01 2006

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)

County: _____
 Permit #: EW 4121
 Driller: SCHUDCO LTD
MAT NICKLES
 Date completed: 11-27-06

For Office Use Only:

Aquifer: _____
 Well #: F-191
 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 HALL BARRET</u> Mailing Address: <u>P.O. Box 713</u> <u>Belzoni MS 39038</u> <small>City State Zip Code</small> Telephone No. <u>(662) 247-4466</u>	Latitude: <u>33° 08' 13"</u> Longitude: <u>090 28' 27W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>23</u> Twn <u>15N</u> Rng <u>3W</u> Distance Direction Nearest Town <u>5</u> Miles <u>SE</u> of <u>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>11-27-06</u> Rated Pump Capacity: <u>3,000</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</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.

<u>Robert BYARS 0-543</u> Print Name of Pump Installer and License No. (if applicable)	<u>Robert Byars</u> Signature of Pump Installer
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Replacement **RECEIVED**
 DEC 11 2006
 BY: OLWR