

County Humphreys
 Permit # EW42601
 Driller: SeHudes LTP
 Date drilling completed: 6-18-08

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)

Quarter F-196
 Well #: _____
 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>Deborah Mohamed</u>	Latitude: <u>33° 08' 30.8" N</u> Longitude: <u>90° 32' 49.1" W</u>
Mailing Address: <u>PO Box 722</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Belzoni MS 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>19</u> Twn <u>15N</u> Rng <u>3W</u>
Telephone No: <u>(662) 247-2244</u>	Distance <u>6</u> Miles Direction <u>S/W</u> of Nearest Town <u>Belzoni MS</u>

Well Data

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

Date well drilling started: 6-18-08 Date well drilling completed: 6-18-08

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

Static Water Level: 28 feet above or below (circle one) land surface Date measured: 6-19-08

Method of Measurement (circle one) steel tape electric tape air line other: N/A

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: 10 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 0 feet to 115 feet

Type of completion (check 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): N/A

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

RECEIVED
 JUN 24 2008
 BY: OLWR

RECEIVED
 JUN 24 2008
 BY: OLWR

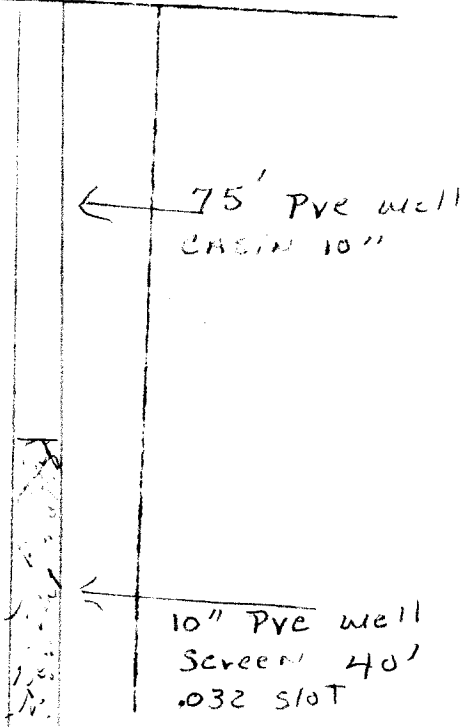
If well telescopes please sketch below and show depths

F-196

Ground Level

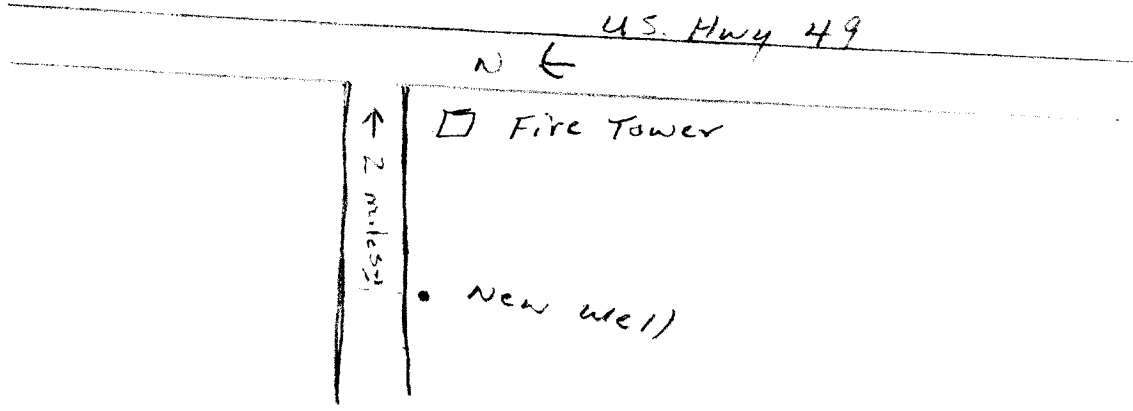
GW42601

Description of Formations Encountered	From	To
SANDY CLAY 6 ft	0	10
CLAY	10	20
CLAY 28' Find S	20	30
FINE SAND 38' med SAND	30	40
med course SAND	40	50
med SAND	50	60
med TO course SAND	60	70
med TO course SAND	70	80
COURSE SAND & P.G.	80	90
COURSE SAND P.G.	90	100
COURSE SAND P.G.	100	110
COURSE SAND P.G. + GRAVEL	110	115



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.



Landowner Name: Deborah Mohamed

Robert Byar
Signature of Water Well Contractor

RECEIVED
JUN 24 2008
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 #: F-196

Elevation: _____

County: Humphreys
Permit #: 6W42601
Driller: SCHUDEO LTP
Date completed: 6-19-08

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>Deborah Mohamed</u>	Latitude: <u>33° 08' 30.8" N</u> Longitude: <u>090° 32' 79.1" W</u>
Mailing Address: <u>P.O. Box 722</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Belzoni</u> MS <u>39038</u>	<u>1/4</u> <u>1/4</u> Sec <u> </u> Twn <u> </u> Rng <u> </u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 247-2244</u>	<u>6</u> Miles <u>SW</u> of <u>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	<u>(Electric Motor)</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>N/A</u>	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>6-19-08</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>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 _____ 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
Print Name of Pump Installer and License No. (if applicable)

Robert Byars
Signature of Pump Installer

RECEIVED
JUN 24 2008
BY: OLWR