

County Humphreys
 Permit # OW42621
 Driller: SeHudes LTP
 Date drilling completed: 6-25-08

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)

Acquirer _____
 Well #: F-197
 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>Chad Mohamed</u>	Latitude: <u>33° 06' 55.8"</u>	Longitude: <u>90° 32' 34.0"</u>	
Mailing Address: <u>P.O. Box 722</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>1/4</u> Sec <u>30</u> Twn <u>15N</u> Rng <u>3W</u>		
Telephone No: <u>(662) 247-2644</u>	Distance: <u>2.5</u> Miles	Direction: <u>NW</u>	Nearest Town: <u>Silver City, MS</u>

Well Data

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

Date well drilling started: 6-25-08 Date well drilling completed: 6-25-08

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

Static Water Level: 27 feet above or below (circle one) land surface Date measured: 6-27-08

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

Hole depth: 102 Well depth: 102 Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 62 feet Casing diameter: 10 inches Type of casing: PVC

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

Screen slot size: 0.32 inches Setting depth: From 0 feet to 102 feet

Type of completion (check 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 completion 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 00-543 Robert Byars
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

Replacement Well

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 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-197

Elevation: _____

County: Humphreys
 Permit #: OW 42621
 Driller: Sethudes LTD
 Date completed: 6-27-08

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>Chad Mohamed</u>	Latitude: <u>33° 06' 55.8" N</u> Longitude: <u>90° 32' 34.0" W</u>
Mailing Address: <u>P.O. Box 722</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Belzoni MS 39038</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. <u>(662) 247-2244</u>	Distance Direction Nearest Town
	<u>2.5 Miles NW of Silver City, MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>N/A</u>
Other (specify): <u>N/A</u>	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>6-27-08</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1000</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): <u>27</u> 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 <u>1000</u> GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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

Replacement well

RECEIVED

JUL 02 2008

BY: OLWR