

County Humphreys  
 Permit # GW43629  
 Driller: SEHUBER LLC  
 Date drilling completed: 11-14-09

Part 1  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39229-0631  
 (601)961-5210  
 (601)354-6938 (fax)

Acquirer: G779  
 Well #: F207  
 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>HALL BARRETT III 813 GORDAN</u>	Latitude: <u>33° 10' 43.1" N</u>	Longitude: <u>90° 30' 53.3" W</u>	
Mailing Address: <u>406 before ST</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS		
City: <u>Belzoni</u> State: <u>MS</u> Zip Code: <u>39838</u>	SE/NE of Sec. <u>4</u> Twp. <u>15N</u> Rng. <u>3W</u>		
Telephone No. <u>(662) 247-2833</u>	Distance: <u>1</u> Miles	Direction: <u>SW</u>	Nearest Town: <u>Belzoni MS</u>

**Well Data**

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

Date well drilling started: 11-14-09 Date well drilling completed: 11-14-09

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

Static Water Level: 26' feet above or below (circle one) land surface Date measured: 11-15-09

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

Hole depth: 106 Well depth: 106 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 4166 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 866 feet to 106 feet

Type of completion (check all applicable): Gravel packed Underscreened Telescoped Open hole Natural Development  
 Other (describe): N/A

Top of tap 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.

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

Signature of Water Well Contractor Robert Byars

well # 2

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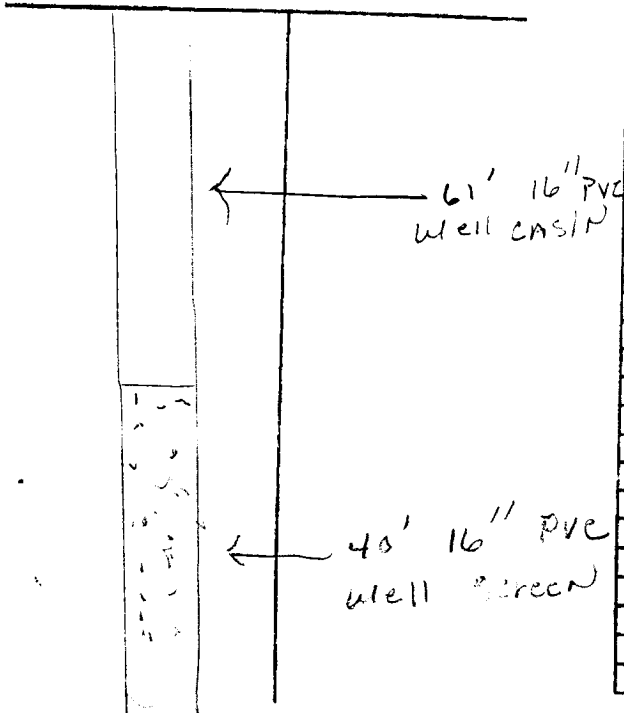
NOV 26 2009

BY: OLWR

If well telescopes please sketch below and show depths.

~~C179~~ F207

Ground Level



Description of Formations Encountered	From	To
CLAY	0	45
CS	45	60
CS	60	70
CS	70	80
CS	80	90
C.S. CEMENT GRAVEL	90	100
	100	106

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.

Highway 119 N

Highway 12 West  
About 1 mile

new well  
1<sup>st</sup> Turn Row To The South

Landowner Name: Hall Barret III & Zig Jordan

Robert Byars  
Signature of Water Well Contractor  
well # Z

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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: Humphreys  
 Permit #: \_\_\_\_\_  
 Driller: SeHubco LLC  
 Date completed: 11-15-09  
*Copy information from block on Part 1*

For Office Use Only:  
 Aquifer: GFA  
 Well #: F207  
 Elevation: \_\_\_\_\_

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 90 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Hall Barrett III + Liz Jordan</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>406 Letlore ST</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Belzoni MS 39038</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 4 T 15N R 3W</u>
Telephone No. <u>(662) 247-2833</u>	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor 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>60</u>
Date Pump Installed: <u>11-15-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>3000</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 <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>26</u> Feet Below Land Surface	Other (specify): <u>N/A</u>
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown ((B)-(A)): <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Robert T Byars 0-543 Robert Byars  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

well # 2

Form OLWR-SWR-1B

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