

County Humphreys
 Permit # GW43628
 Driller: Seludco LTD
 Date drilling completed: 11-19-09

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)334-6938 (fax)

Acquirer H 93
 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>Hall Barrett III Liz Jordan</u>	Latitude: <u>33° 04' 18" N</u> - Longitude: <u>90° 32' 47" W</u>
Mailing Address: <u>406 Leflore St.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> ⁴⁶
<u>Belzoni</u> MS <u>39038</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4</u> Sec. <u>7</u> Twn <u>14N</u> Rng <u>3W</u>
Telephone No. <u>(662) 247-2833</u>	Distance <u>3</u> Miles Direction <u>West</u> of Nearest Town <u>Silver City, MS</u>

Well Data

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

Date well drilling started: 11-19-09 Date well drilling completed: 11-19-09

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

Static Water Level: 24.6 feet above or below (circle one) land surface Date measured: 11-23-09

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

Hole depth: 118 Well depth: 118 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 78 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 0 feet to 118 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 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
 Print Name of Water Well Contractor and License No.

Robert Byars
 Signature of Water Well Contractor

well #3

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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)334-6938 (fax)

County: Humphreys
 Permit #: _____
 Driller: SeHudeco LLC
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: H93
 Well #: _____
 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 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>HALL BARRET III Liz Jardon</u>	Latitude: <u>33° 04.182^N</u> Longitude: <u>090° 32.776^W</u>
Mailing Address: <u>406 Belkore ST</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Belzoni MS 39038</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(662) 247-2833</u>	Distance Direction Nearest Town <u>3 Miles west of Silver city</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<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>60</u>
Date Pump Installed: <u>11-24-09</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>24.6</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 Byars 0-543 Robert Byars
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

well # 3

Form: OLWR-SWR-1B

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