

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)

For Office Use Only:

Aquifer: _____
Well #: C134
L. S. Elevation: _____
E-log #: _____

County: Coahoma
Permit #: MS-6W-43249
Driller: Delta Drilling of Tunica, Inc.
Date drilling completed: 5-29-09

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>Richard Melton</u>	Latitude: <u>34° 20' 30"</u>	Longitude: <u>90° 25' 35"</u>	
Mailing Address: <u>P.O. Box 1580</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Tunica, Ms. 38870</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS		
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 32 Twn 29N Rng 2W</u>		
Telephone No. <u>(662) 671-1896</u>	Distance: <u>2.5</u> Miles	Direction: <u>NE</u>	Nearest Town: <u>Jonestown, Ms.</u>
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____			
Date well drilling started: <u>5-29-09</u> Date well drilling completed: <u>5-29-09</u>			
If flowing, method of flow regulation: Valve _____ Other (describe): _____			
Static Water Level: <u>19</u> feet above or below (circle one) land surface Date measured: <u>6-2-09</u>			
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>92'</u> Well depth: <u>92'</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>52</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u>			
Screen slot size: <u>.032</u> inches Setting depth: From <u>52</u> feet to <u>92</u> feet			
Type of completion (circle all applicable) <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development			
Other (describe): _____			
Top of lap pipe or reduction in casing: _____ 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: _____			
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.			
<u>Delta Drilling of Tunica, Inc. # 2674</u>		<u>Alan Pyle</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

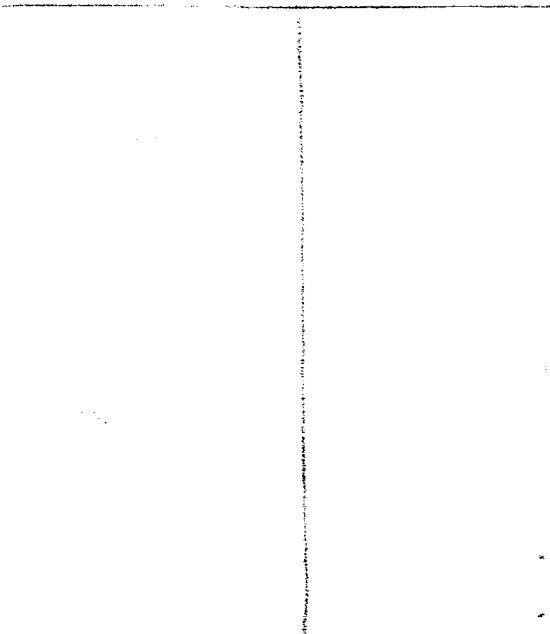
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JUN 15 2009

BY: OLWR

If well telescopes please sketch below and show details

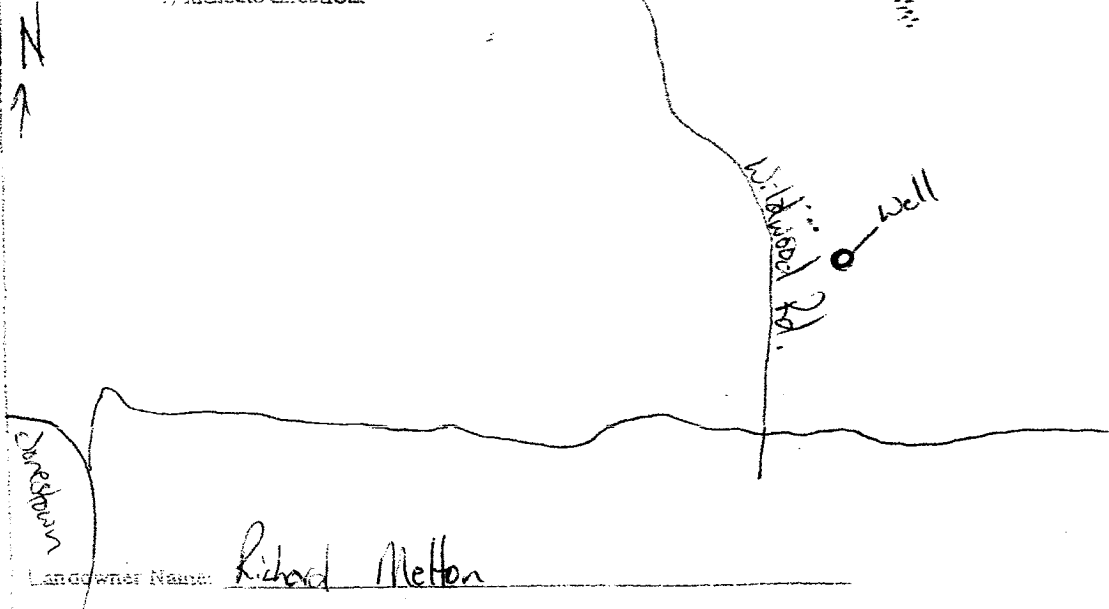
Ground Level:



DESCRIPTION OF FORMATIONS Encountered	From	To
Clay	0	11
Clay & fine sand	12	22
fine sand	23	36
Coarse sand and gravel	37	42

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.



Signature of Water Well Contractor: Alan Pyle

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STATE WELL REPORT

Part 2

Pump Installer's Certification Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10931
 Jackson, MS 39289-0931
 (601)961-5216
 (601)954-6938 (fax)

For Office Use Only

Acquirer: _____

Well #: C134

Location: _____

County: Cochema

Permit #: GW43249

Driller: Delta Drilling of Tunica

Date completed: 6-2-09

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>Richard Melton</u>	Latitude: <u>N 31° 20' 19"</u> Longitude: <u>W 90° 25' 35"</u>
Mailing Address: <u>P.O. Box 1580</u>	Method of Loc. (circle one): <u>Conventional Survey</u>
<u>Tunica</u> <u>MS</u> <u>38676</u>	USGS quad: <u>Hard-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE</u> 1/4 Sec. <u>32</u> Twp. <u>29N</u> Range <u>2W</u>
Telephone No. <u>(662) 671-1846</u>	Direction: _____ Nearest Town: <u>25 miles NE of Jonestown</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine: <input type="checkbox"/> Gasoline Engine: <input type="checkbox"/> Natural Gas: <input type="checkbox"/>
Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand: <input type="checkbox"/> Tractor PTO: <input type="checkbox"/>
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well: <input type="checkbox"/>	Windmill: <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Motor Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>6-2-09</u>	String Depth: <u>50</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: _____	Air Line: <input type="checkbox"/> Electric Measuring Line: <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): _____ Foot Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Foot Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): _____ Foot 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.

Delta Drilling # 2674 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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