

County: Coahoma  
 Permit #: 101192  
 Date drilling completed: 7-5-05

**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 #: A-29  
 L. S. Number: \_\_\_\_\_  
 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>Bob GRAVES</u>	Latitude: <u>34.26.885</u> Longitude: <u>89.28.265</u>
Mailing Address: <u>P.O. Box 874</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Tunica MS 38676</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NE 1/4 Sec 26 Twp 30N Rng 3W</u>
Telephone No. <u>(662) 541-1003</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1/8</u> Miles <u>E</u> of <u>LUKA MS</u>

**Well Data**

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

Date well drilling started: 7-5-05 Date well drilling completed: 7-5-05

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe): \_\_\_\_\_

Static Water Level: 17 feet above or below (circle one) land surface Date measured: 7-6-05

Method of Measurement (circle one): steel tape electric tape air line other: \_\_\_\_\_

Role depth: 117 Well depth: 117 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  SBKrete  Mix \_\_\_\_\_

Casing length: 79 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 38 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .0050 inches Setting depth: From 79 feet to 117 feet

Type of completion (circle all applicable): Gravel packed  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: VISUAL

Name of organization issuing logs: \_\_\_\_\_

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.

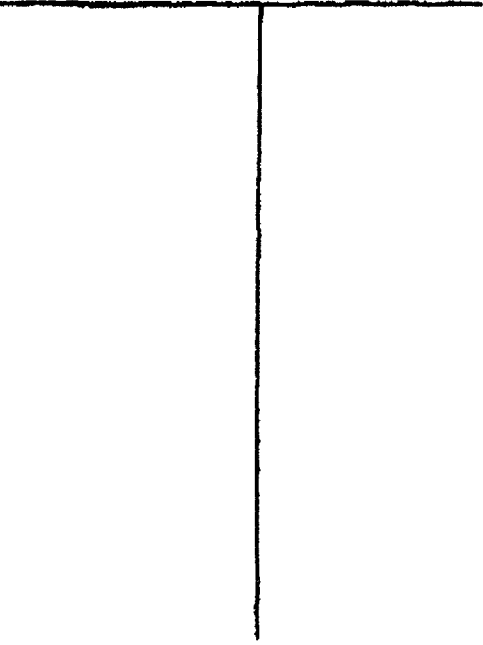
ALAN PYLE - 0679 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

A-29

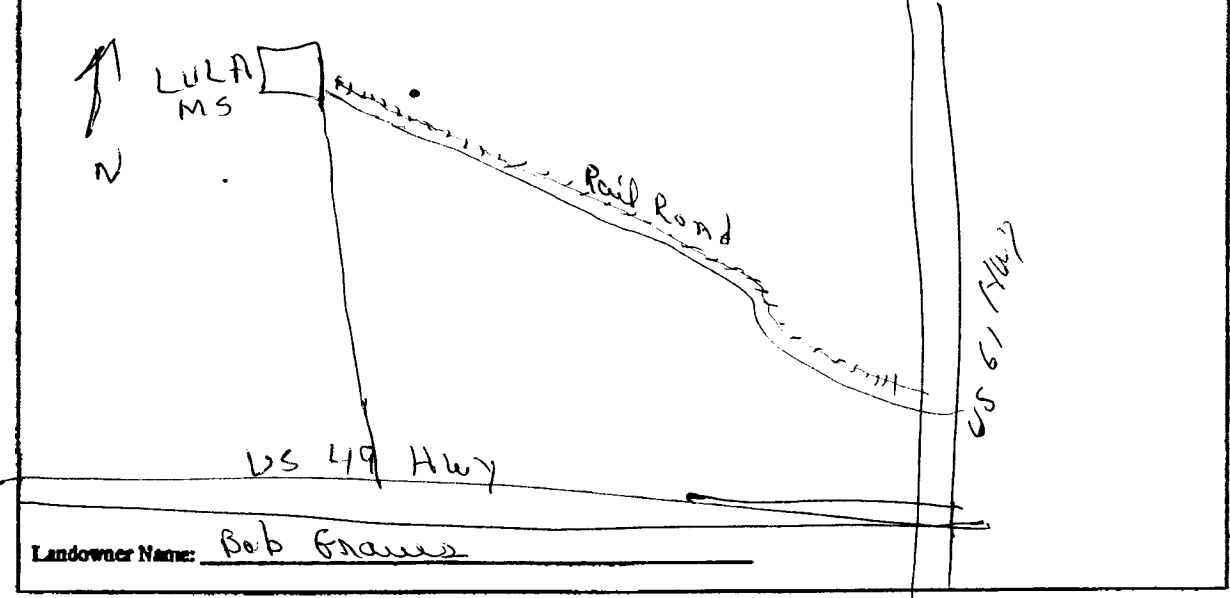
Ground Level 66-40492



Description of Formations Encountered	From	To
Clay	0	79
SAND + 11 COURSE SAND	79	105
COURSE SAND + GRAVEL	105	117

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: Bob Graves

Signature of Water Well Contractor

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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)961-3210  
 (601)354-6938 (fax)

County: Coahoma  
 Permit #: \_\_\_\_\_  
 Driller: ALAN PYLE  
 Date completed: 7-6-05  
*Delta Drilling Service*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-29  
 Elevation: \_\_\_\_\_

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>Bob GRAVES</u> Mailing Address: <u>P.O. Box 874</u>  <u>Tunica MS 39676</u> <small>City State Zip Code</small> Telephone No. ( ) _____	Latitude: <u>34.26.485</u> Longitude: <u>090.28.265</u> Method of Lat/Long (circle one): <u>Conventional Survey</u>  USGS quad. <u>Hand-held GPS, Survey-grade GPS</u> <u>NE 1/4 NE 1/4 Sec 26 Twn 30 N Rng 3 W</u> Distance Direction Nearest Town <u>4 Miles EAST of LULA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>7-6-05</u> Rated Pump Capacity: <u>2000</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>20</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>17</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

ALAN PYLE \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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County: Mississippi  
 Permit #: 6W40492  
 Driller: Delta Drilling, Inc.  
 Date drilling completed: 7-5-05

Part I  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-3210  
 (801)354-6928 (fax)

Agdrill: \_\_\_\_\_  
 Well #: A29  
 L. & Elevator: \_\_\_\_\_  
 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.

<p>Well Owner Information</p> <p>Owner Name: <u>Star Landings Farms</u></p> <p>Mailing Address: <u>P.O. Box 874</u></p>		<p>Well Location</p> <p>Latitude: <u>34°26'41"</u> Longitude: <u>90°28'26"</u></p> <p>Method of Lat/Long (circle one): <u>Conventional Survey</u></p> <p>USGS quad, Hand-held GPS, Survey-grade GPS</p> <p><u>NE</u> of <u>NE</u> of <u>Sec 26</u> <u>Twp 30N</u> <u>Req 3W</u></p> <p>Distance <u>1/2</u> mile <u>E</u> of <u>LOLA</u> <u>MS</u></p>	
<p>Telephone No. <u>(601) 544-1004</u></p> <p>City <u>Tunica</u> <u>MS</u> <u>39676</u></p> <p>State <u>MS</u> Zip Code <u>39676</u></p>		<p>Well Data</p> <p>Purpose of Well (circle one): <u>Private</u> <u>Public Supply</u> <u>Other</u></p> <p>Date well drilling started: <u>7-5-05</u> Date well drilling completed: <u>7-6-05</u></p> <p>If flowing, method of flow regulation: <u>Valve</u> <u>Other (describe)</u></p> <p>Static Water Level: <u>17</u> feet above or below (circle one) land surface Date measured: <u>7-6-05</u></p> <p>Method of Measurement (circle one): <u>still tap</u> <u>electric tape</u> <u>air line</u> <u>other</u></p> <p> Hole depth: <u>117</u> Well depth: <u>117</u> Well grouted to a depth of <u>10</u> feet</p> <p>Type of grout (circle one): <u>Cement</u> <u>Grout</u> <u>Mix</u></p> <p>Casing length: <u>79</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u></p> <p>Screen length: <u>38</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u></p> <p>Screen slot size: <u>0050</u> inches Setting depth: From <u>79</u> feet to <u>117</u> feet</p> <p>Type of completion (circle all applicable): <u>Gravel packing</u> <u>Unstimulated</u> <u>Telescopic</u> <u>Open hole</u> <u>Hydraulic Fracturing</u></p> <p>Other (describe): _____</p> <p>Top of lap pipe or reconnection in casing: _____ feet. If telescoped or more than one screen, describe on back of page</p> <p>Logs run (circle all applicable): <u>No log run</u> <u>Electric</u> <u>Gamma Ray</u> <u>Density</u> <u>Radio</u> <u>Neutron</u> <u>Other: <u>Visual</u></u></p> <p>Name of organization receiving report: _____</p> <p>I certify that this 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.</p> <p>Print Name of Well Well Contractor and License No. <u>ALAN PYLE - 0674</u></p> <p>Signature of Well Well Contractor <u>[Signature]</u></p>	

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