

SEP-26-2005 15:05 From:

6628431717

To: 360 0535

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# 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 #: A-30  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Coahoma  
 Permit #: MS-010-16224  
 Driller: David Canady  
 Date drilling completed: 9-9-05

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.

Applicant/Well Owner Information	Well Location
Owner Name: <u>Isle of Capri</u>	Latitude: <u>34° 29' 51" N</u> Longitude: <u>90° 34' 49" W</u>
Mailing Address: <u>777 Isle of Capri Pkwy.</u> <u>handowner P.O. Box 447</u> <u>Johnson Brothers Rental</u> <u>P.O. Box 397 Lula, MS 38644</u> <u>Lula, MS 38644</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(800) 789-5825</u>	1/4 _____ 1/4 Sec <u>2</u> Twp <u>30N</u> Rng <u>4W</u>
	Distance _____ Miles Direction <u>EAST</u> of Nearest Town <u>HELLERS AOK</u> <u>ON MS. RIVER</u>

### Well Data

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

Date well drilling started: 7-25-05 Date well drilling completed: 9-9-05

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

Static Water Level: 42' feet above or below (circle one) land surface Date measured: 9-9-05

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

Hole depth: 1382 Well depth: 1367 Well grouted to a depth of 1261 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1261 feet Casing diameter: 12 inches Type of casing: steel

Screen length: 100 feet Screen diameter: 8 inches Type of screen: Stainless Steel

Screen slot size: .020 inches Setting depth: From 1263 feet to 1363 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: 1208 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): MS GEOLOGICAL SURVEY

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.

Thomas G. Chrestman 0-703 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

A-30

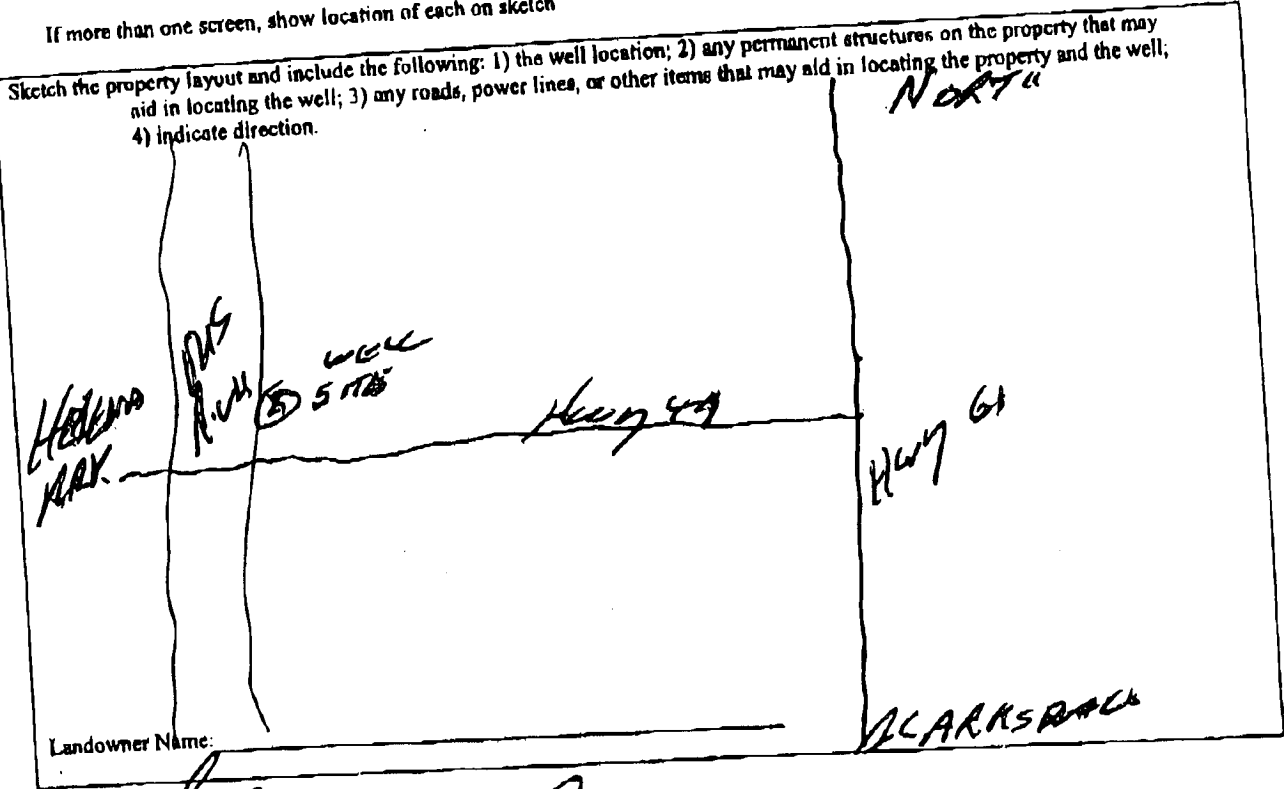
If well telescopes please sketch below and show depths.

Ground Level

Isle of Capri  
 Sec 2 30N 4W  
 Coahoma County

Description of Formations Encountered	From To	
	0	160
Sand	160	238
Clay w/ Sand Strs.	238	301
Sand w/ Clay Strs.	301	418
Sand	418	438
Clay w/ Sand Strs	438	458
Sand	458	521
Sandy Clay w/ lignite	521	647
Sand	647	710
Sandy Clay w/ clay Strs.	710	764
Clay	764	774
Sand	774	835
Sand w/ clay Strs.	835	930
Clay w/ Sand Strs.	930	1023
Sandy shale w/ clay Strs.	1023	1055
Clay w/ Rock sand Strs.	1055	1180
Clay w/ Sand Strs.	1180	1210
Sandy Clay w/ Sand Strs.	1210	1336
Sand w/ clay Strs.	1336	1372
Sand	1372	1382
Clay		

If more than one screen, show location of each on sketch



*Thomas C. Charles*  
 Signature of Water Well Contractor

**FAXED**  
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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)

#### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-30  
 Elevation: \_\_\_\_\_

Country: Coahoma  
 Permit #: \_\_\_\_\_  
 Driller: David Canady  
 Date completed: 9-9-05

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>Isle of Capri</u>	Latitude: <u>34° 29' 58" N</u> Longitude: <u>90° 34' 47" W</u>
Mailing Address: <u>777 Isle of Capri Hwy.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>P.O. Box 447</u>	USGS quad, Hand-held GPS, <u>Survey-grade GPS</u>
<u>Lula, MS 38644</u>	1/4 _____ 1/4 Sec <u>2</u> Twp <u>30N</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( <u>800</u> ) <u>789-5825</u>	<u>1</u> Miles <u>East</u> of <u>Hickory Hill</u> <u>By MS. River</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): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>9-14-05</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>600</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/21/05</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>46</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (D): <u>72</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>26</u> Feet Below Land Surface	Well yielded <u>N/A</u> <u>625</u> GPM with a drawdown of
Test Pumping Rate: <u>625</u> Gallons Per Minute	<u>26</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Thomas G. Chrestman, 0-703  
 Print Name of Pump Installer and License No. (if applicable)

Thomas G. Chrestman  
 Signature of Pump Installer