

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 #: C-116
L. S. Elevation: _____
E-log #: _____

County: Coahoma
Permit #: 6W 40291
Driller: Delta Drilling of Tunica
Date drilling completed: 5-16-05

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.

Well Owner Information	Well Location
Owner Name: <u>COLEMAN ALLEN</u> Mailing Address: _____ _____ <u>Tunica</u> <u>MS</u> City State Zip Code Telephone No. <u>(662)</u> _____	Latitude: <u>34.23.29</u> Longitude: <u>89.29.73</u> Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 16 Twn 29 N Rng 3 W</u> <u>SE NW</u> Direction: <u>15</u> Nearest Town: <u>LULA MS</u> Distance: <u>5.4</u> Miles <u>Southern</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <input checked="" type="checkbox"/> Irrigation Fish Culture Other: _____	
Date well drilling started: <u>5-16-05</u> Date well drilling completed: <u>5-16-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>21</u> feet above or <input checked="" type="checkbox"/> below (circle one) land surface Date measured: <u>5-17-05</u>	
Method of Measurement (circle one) <input checked="" type="checkbox"/> steel tape electric tape air line other: _____	
Hole depth: <u>120</u> Well depth: <u>119</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <input checked="" type="checkbox"/> Bentonite Mix	
Casing length: <u>80</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>50</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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: <u>VISUAL</u>	
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>Alan Pyle</u> Print Name of Water Well Contractor and License No. <u>ALAN PYLE 0674</u>	<u>Alan Pyle</u> Signature of Water Well Contractor

well 2

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BY: OLWR

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: Cookson
 Permit #: _____
 Driller: _____
 Date completed: 6/17/05

For Office Use Only:
 Aquifer: _____
 Well #: C-116
 Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Coleman Allen</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 324</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lyon</u> MS <u>38645</u>	<u>NE</u> ¼ <u>SW</u> ¼ Sec <u>15</u> Twn <u>29N</u> Rng <u>03W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>3</u> Miles <u>South</u> of <u>Lula</u>

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): _____
Other (specify): _____	Horse Power Rating of Motor: <u>70</u>
Date Pump Installed: <u>6-17-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>900</u> Gallons Per Minute	Number of Stages: <u>two</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>18</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet 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.

DAVID P. HOLT 0-752 P
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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State Well Report

Part 1

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: Coahoma
 Permit #: 6W 40291
 Driller: Delta Drilling of Tunica
 Date drilling completed: 5-6-05

For Office Use Only:
 Aquifer: _____
 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>COLEMAN ALLEN</u>	Latitude: <u>34-23-29</u> Longitude: <u>90-29-73</u>
Mailing Address: <u>PO Box 324</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Tunica</u> <u>MS</u> <u>38645</u>	USGS quad, <u>Minidoka GPS</u> Survey-grade GPS
City State Zip Code	<u>N 29 44 S 6 4 Sec 10 Twp 29 N Rng 3 W</u>
Telephone No. (601) _____	<u>SE 2nd</u> Direction <u>15</u> Nearest Town <u>CLUBB MS</u>
	Distance <u>5.4</u> Miles <u>South</u> of <u>CLUBB MS</u>

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Well Data JUN 28 2005

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

Date well drilling started: 5-16-05 Date well drilling completed: 5-16-05 JOINT WATER MANAGEMENT DISTRICT

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 5-17-05

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

Hole depth: 120 Well depth: 119 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Retrocite Mix

Casing length: 80 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 1.2 inches Type of screen: PVC

Screen slot size: 50 inches Setting depth: From 80 feet to 120 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 running 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 ALAN PYLE 0674 Alan Pyle
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 40291