

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 #: CT32
L. S. Elevation: _____
E-log #: _____

County: Coshema
Permit #: 43068
Driller: Delta Drilling of Tunica Inc.
Date drilling completed: 2-25-09

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>Ellington Massey</u> | Latitude: <u>UN - 20' - 4.7"</u> Longitude: <u>090 - 28' - 29.4"</u> |
| Mailing Address: <u>P.O. Box 247</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Lyon</u> <u>Ms</u> <u>39645</u> | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>SW</u> <u>1/4 NE</u> <u>1/4 Sec</u> <u>35</u> <u>Twn</u> <u>29N</u> <u>Rng</u> <u>3W</u> |
| Telephone No. <u>(601) 624-5357</u> | Distance Direction Nearest Town <u>2.2</u> Miles <u>NW</u> of <u>Jenestown, MS</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 2-25-09 Date well drilling completed: 2-25-09
If flowing, method of flow regulation: Valve _____ Other (describe): _____
Static Water Level: 21 feet above or below (circle one) land surface Date measured: 3-5-09
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 100' Well depth: 100' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 100 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 60 feet to 100 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____
Top of tap 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.
Delta Drilling of Tunica Inc. #0674 Alan Pp
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

43068

RECEIVED
MAR 27 2009
YMD JOINT WATER
MANAGEMENT DISTRICT

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)

For Office Use Only:

Aquifer: _____
Well #: C-132
L. S. Elevation: _____
E-log #: _____

County: Coshona
Permit #: 6W43068
Driller: Delta Drilling of Tunica Inc
Date drilling completed: 2-25-09

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>Ellington Mossey</u> | Latitude: <u>33° - 20' - 47" ⁰⁵</u> Longitude: <u>89° - 28' - 29.4" ²⁹</u> |
| Mailing Address: <u>P.O. Box 247</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Lyon, Ms 39645</u> | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 NE 1/4 Sec 35 Twn 29N Rng 3W</u> |
| Telephone No. <u>(601) 624-5357</u> | Distance Direction Nearest Town <u>2.0 Miles NW of Jonestown, Ms</u> |

Well Data

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

Date well drilling started: 2-25-09 Date well drilling completed: 2-25-09

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

Static Water Level: 21 feet above (or below) (circle one) land surface Date measured: 3-5-09

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

Hole depth: 100' Well depth: 100' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 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 60 feet to 100 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: _____

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.

Delta Drilling of Tunica Inc #0674 Alan Pyl
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
MAR 27 2009
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 39219-0631
 (601)961-5216
 (601)954-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: C-132
 Elevation: _____

County: Cochema
 Permit #: 0W43068
 Driller: Delta Drilling of Tunica
 Date completed: 3-5-09

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>Ellington Massey</u> | Latitude: <u>N39° 20' 4.7"</u> Longitude: <u>090° 28' 29.4"</u> |
| Mailing Address: <u>P.O. Box 247</u> | Method of Location (circle one): <u>Conventional Survey</u> |
| <u>Lyon, Ms. 38645</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>SW * NE * Sec 35 Twn 29N Rng 3W</u> |
| Telephone No. <u>(662) 624-5357</u> | Distance Direction Nearest Town |
| | <u>2.0 miles NW of Donestown, Ms.</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> | Diesel Engine Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/> | Electric Motor 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>100</u> |
| Date Pump Installed: <u>3-5-09</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>2500</u> Gallons Per Minute | Number of Stages: <u>2</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): _____ 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 _____ |
| Test Pumping Rate: _____ Gallons Per Minute | feet after _____ hours of pumping |
| 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 of Tunica Inc. #01674 Alan Pyle
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 MAR 27 2009
 BY: OLWR

