

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: Cochran

Permit #: MS-GW-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

Owner Name: Richard Melton

Mailing Address: P.O. Box 1580

Tunica, Ms. 38876
City State Zip Code

Telephone No. (662) 671-1896

Well Location

Latitude: ^{34°}~~34°~~ 20° 19' Longitude: ^{90°}~~90°~~ 25' 35"

Method of Lat/Long (circle one): Conventional Survey.

USGS quad Hand-held GPS Survey-grade GPS

SW 1/4 SE 1/4 Sec. 32 Twn 29N Rng 2W

Distance 2.5 Miles Direction NE of Nearest Town Jonestown, Ms.

Well Data

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

Date well drilling started: 5-29-09 Date well drilling completed: 5-29-09

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

Static Water Level: 19 feet above or below (circle one) land surface Date measured: 6-2-09

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

Hole depth: 92' Well depth: 92' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 52 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 52 feet to 92 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

Print Name of Water Well Contractor and License No.

Alan Pugh

Signature of Water Well Contractor

RECEIVED

JUN 15 2009

BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Certification Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10531
 Jackson, MS 39215-0531
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only

Acquirer: _____

Well #: C134

Location: _____

County: Cookama

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 Locating (circle one): <u>Conventional Survey</u>
<u>Tunica</u> <u>MS</u> <u>38676</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>S 32</u> <u>NE</u> <u>32</u> <u>29 N</u> <u>Range</u> <u>2 W</u>
Telephone No. <u>(662) 671-1876</u>	Distance Direction Nearest Town
	<u>2.5</u> <u>miles</u> <u>NE</u> of <u>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 <input type="checkbox"/> <u>Electric Motor</u>	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>	Setting 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>
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: _____ Foot
Drawdown (B) - (A): _____ Foot 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 # 0674 Alan Pyl

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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JUN 15 2009
BY: OLWR