

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 #: F-105

L. S. Elevation: _____

E-log #: _____

Cochamo

* GW 43357

for Delta Drilling of Tunica Inc.

Date drilling completed: 6-1-09

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>Will Owen</u>	Latitude: <u>N 34 - 18 - 350</u> Longitude: <u>W 90 - 26 - 776</u>
Mailing Address: <u>5722 Old Hwy 61 S.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>Tunica</u> <u>Ms.</u> <u>38676</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 7</u> Twp <u>28N</u> Rng <u>3W</u>
Telephone No: <u>(662) 363-6182</u>	Distance <u>1.5</u> Miles Direction <u>East</u> of Nearest Town <u>Jonestown, Ms.</u>

Well Data

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

Date well drilling started: 6-1-09 Date well drilling completed: 6-1-09

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

Static Water Level: 17 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: 100' Well depth: 100' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Benmorite Mix

Casing length: 60 feet Casing diameter: 1 1/2 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 1 1/2 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 Unstreamed 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. #0677 Alan Pelf

Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 #: F105
L. S. Elevation: _____
E-log #: _____

County: Coshama
Permit #: 6W 43357
Driller: Delta Drilling of Tunica Inc.
Date drilling completed: 6-1-09

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: Will Owen
Mailing Address: 5722 Old Hwy 61 S.
Tunica MS 38676
City State Zip Code
Telephone No. (662) 363-6192

Well Location

Latitude: 34° 19' 35" Longitude: 107° 26' 47"
51 90 29
Method of Lat/Long (circle one): Conventional Survey
USGS quad: Hand-held GPS Survey-grade GPS
SW SE Sec 7 Twn 28N Rng 2W
Distance: 1.5 Miles Direction: East of Nearest Town: Jonestown, Mo.

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 6-1-09 Date well drilling completed: 6-1-09
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 17 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: 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: 0.32 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.

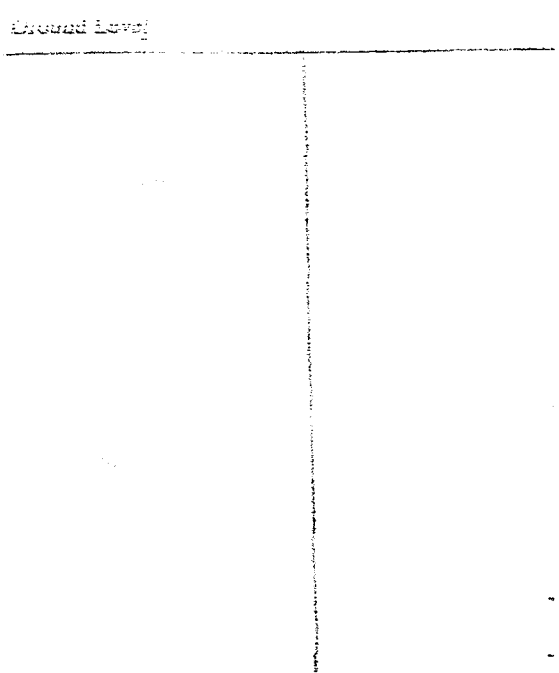
Delta Drilling of Tunica Inc. # 0674
Print Name of Water Well Contractor and License No.

Alan Pugh
Signature of Water Well Contractor

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JUL 13 2009
BY: OLWR

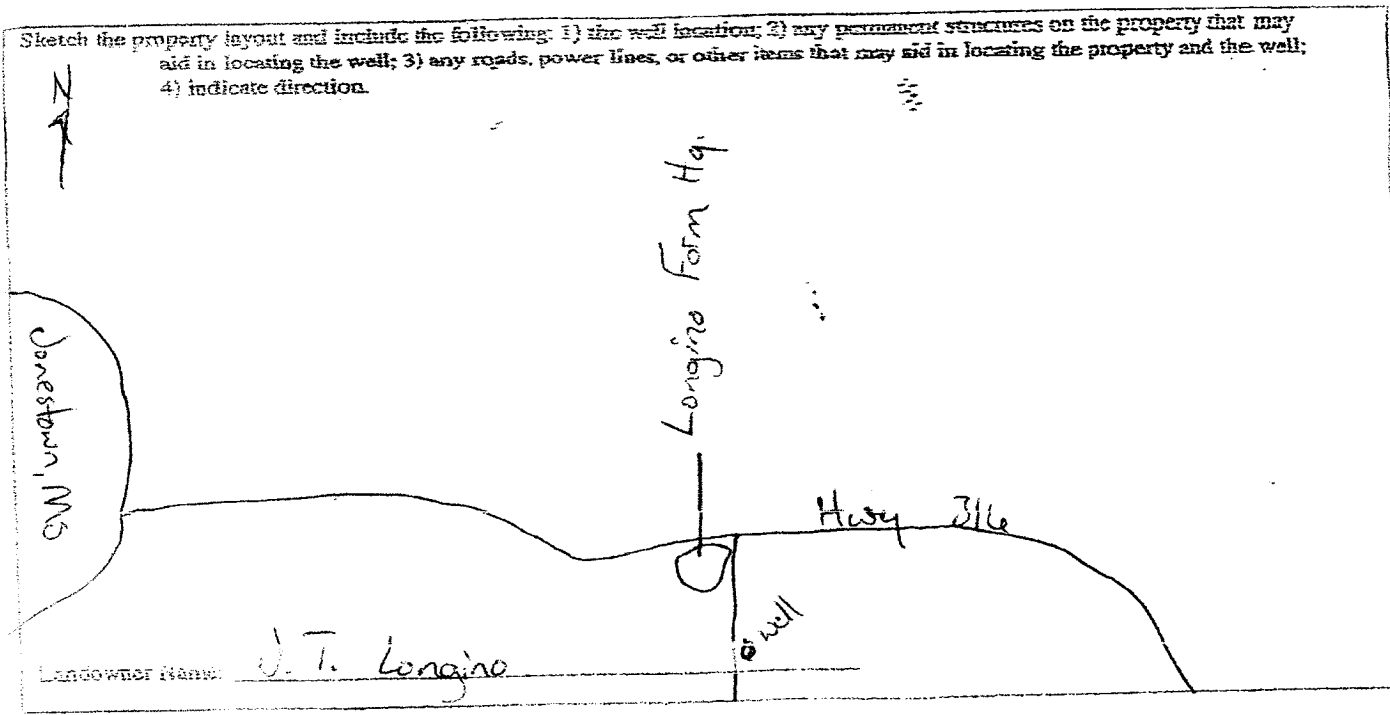
GW43357

If well telescopes please sketch below and show depth



Description of Formations Encountered	From	To
Sandy loam	0	17
fine sand	18	24
clay	25	31
clay & fine sand	32	36
coarse sand and gravel	37	100

If more than one screen show location of each on sketch



Alan Pyl
Signature of Water Well Contractor

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JUL 13 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 10931
 Jackson, MS 39219-0931
 (601)961-5216
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: F105
 Elevation: _____

County: Coshema
 Permit #: OW43857
 Driller: Delta Drilling of Tunica Inc.
 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>Will Owen</u>	Latitude: <u>N34° 18' 35"</u> Longitude: <u>W90° 26' 47"</u>						
Mailing Address: <u>5722 Old Hwy. Rt. 5</u>	Method of Loc. Log (circle one): <u>Conventional Survey</u>						
<table border="0" style="width: 100%;"> <tr> <td><u>Tunica</u></td> <td><u>Ms.</u></td> <td><u>38676</u></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> </table>	<u>Tunica</u>	<u>Ms.</u>	<u>38676</u>	City	State	Zip Code	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
<u>Tunica</u>	<u>Ms.</u>	<u>38676</u>					
City	State	Zip Code					
Telephone No. <u>(662) 563-6182</u>	SW <u>SE</u> of Sec <u>7</u> Twp <u>28N</u> Rng <u>20W</u>						
	Distance <u>1.5 miles</u> Direction <u>SE</u> of Nearest Town <u>Jonestown, Ms.</u>						

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine <input type="checkbox"/> Manual Eng <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	Electric Motor <input type="checkbox"/> 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>6-2-09</u>	Setting Depth: <u>50</u> feet
Round Pump Capacity: <u>2700</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 (CB) - (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.

Delta Drilling of Tunica Inc. #01674 _____
 Print Name of Pump Installer and License No. (if available) Signature of Pump Installer

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 JUL 13 2009
 BY: OLWR