

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 #: 5169
 L. S. Elevation: _____
 E-log #: _____

Alabama
600-42459
Delta Drilling of Tunisia
 Date drilling completed: 4-16-08

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>Richard Melton</u> | Latitude: <u>34° 07' 940"</u> | Longitude: <u>89° 39' 920"</u> | |
| Mailing Address: <u>P.O. Box 1580</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> | | |
| | USGS quad, Hand-held GPS, Survey-grade GPS | | |
| <u>Tunica</u> <u>MS</u> <u>38676</u> | <u>NW 1/4 SE 1/4 Sec 18 Twp 27 N Rng 4 W</u> | | |
| City State Zip Code | Distance: <u>3</u> Miles | Direction: <u>SW</u> | Nearest Town: <u>Clarksdale MS</u> |
| Telephone No. <u>(662) 645-2262</u> | | | |

Well Data

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

Date well drilling started: 4-16-08 Date well drilling completed: 4-16-08

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

Static Water Level: 34 feet above or below (circle one) land surface Date measured: 4-17-08

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

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .039 inches Setting depth: From 90 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 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.

ALAN PYLE 0674 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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MAY - 9 2008

YMD JOINT WATER MANAGEMENT DISTRICT

42459

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 #: J-169
L. S. Elevation: _____
E-log #: _____

County: Cochran
Permit #: 00042459
Driller: Delte Drilling of Tunica
Date drilling completed: 4-16-08

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>Richard Melton</u> | Latitude: <u>N34° 07' 940</u> Longitude: <u>90° 32' 909</u> |
| Mailing Address: <u>P.O. Box 1580</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Tunica</u> <u>ms</u> <u>38676</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NW 1/4 SE 1/4 Sec 18 Twn 27 N Rng 4 W</u> |
| Telephone No. <u>(662) 645-2262</u> | Distance Direction Nearest Town |
| | <u>3 Miles SW of Clarksdale ms</u> |

Well Data

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

Date well drilling started: 4-16-08 Date well drilling completed: 4-16-08

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

Static Water Level: 34 feet above or below (circle one) land surface Date measured: 4-17-08

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

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 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 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 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.

ALAN PYLE 0674
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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MAY 01 2008
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)

For Office Use Only:

Aquifer: _____
 Well #: J-169
 Elevation: _____

County: Catahoula
 Permit #: OW 424.59
 Driller: [Signature]
 Date completed: _____

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 Metten</u> | Latitude: <u>34 07 940</u> Longitude: <u>090 -32 909</u> |
| Mailing Address: <u>P.O. Box 1580</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Tunica</u> MS <u>38676</u> | USGS quad. <u>Hand-held GPS, Survey-grade GPS</u> |
| City State Zip Code | <u>NW 1/4 SE 1/4 Sec 18 Twn 27N Rng 4W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>3 1/2 Miles SW of Clarksdale 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 Natural Gas |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> | Electric Motor Hand Tractor PTO |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>100</u> |
| Date Pump Installed: <u>4-25-07</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>2400</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: _____ | <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape |
| 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 _____ 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.

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

RECEIVED
 MAY 01 2008
 BY: OLWR