

PIVOT

State Well Report Part 1 - Driller's Log

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 #: GW 40248
 Driller: Houston
 Date drilling completed: 5/20

For Office Use Only:
 Aquifer: _____
 Well #: φ 125
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>BOWEN FLOWERS</u>	Latitude: <u>34° 00' 54" N</u> Longitude: <u>091° 27' 46" W</u>
Mailing Address: <u>TUNICA MS</u> <u>732 FAIRAS POINT RD.</u> <u>CLARKDALE MS 38614</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> USGS quad, <u>SE 1/4 SW 1/4 Sec 24</u> Twn <u>25N</u> Rng <u>3W</u>
City: <u>CLARKDALE</u> State: <u>MS</u> Zip Code: <u>38614</u>	Distance: _____ Direction: _____ Nearest Town: <u>3W</u>
Telephone No.: <u>(662) 627-5180</u>	Miles _____ of _____

Required entries are circled

Replacement GW 9983

Well / Borehole Data

Date drilling started: 5/20 Date drilling completed: 5/20 Hole depth: 110 Hole diameter: 24

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: 1 LB per 1000

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 5/21

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 1.050 inches Setting depth: From 70 feet to 110 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 next page*

RECEIVED
SEP 12 2005
BY: OLWR

RECEIVED
JUL 28 2005
BY: OLWR

RECEIVED
JUN 03 2005
BY: OLWR

1950

1

12

2

1951

13

1952

1953

1954

1955

1956

1957

1958

1959

1960

1961

1962

GW40248

Φ125

The sketch below only required for water wells

If well telescopes, show depths on sketch.

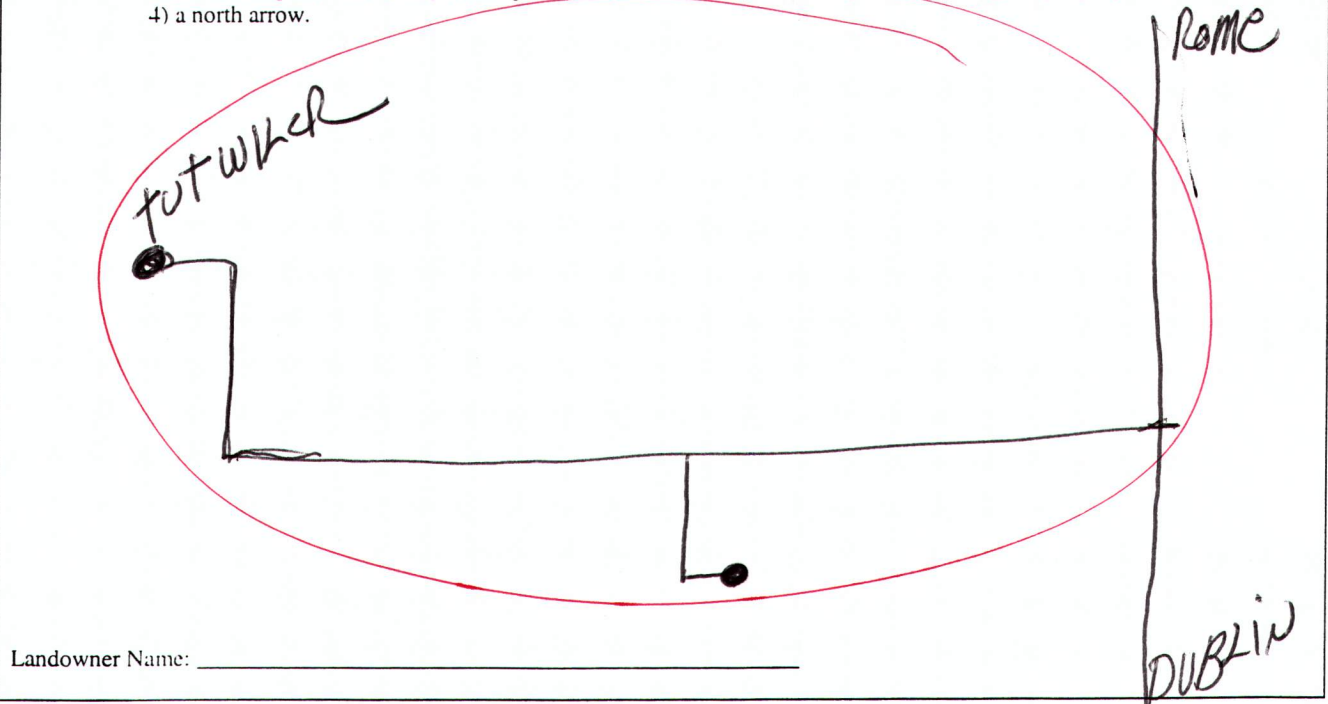
Ground Level

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
CLAY	0	13
FINE SAND	13	53
COARSE SAND + GRAVEL	53	110

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Landowner Name: _____

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

RECEIVED 0433 5/30/05 **RECEIVED** Jane Powell **RECEIVED**
 Print Name of Responsible Licensee and License No. Date JUL 28 2005 Signature of Licensee JUN 03 2005
BY: OLWR **BY: OLWR** **BY: OLWR**

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CIRCLE S IRRIGATION

002/004

BOWEN Flowers -

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:
Elevation:

County: Coahoma
Permit #: GW 40248
Driller:
Date completed:

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: Owner Name: OMEGA Plantation, Mailing Address: P.O. Box 39, Tunica MS 38676, Telephone No. 662 363-1121. Well Location: Latitude: 34.00, 83, Longitude: 090.27, 81W, Method of Lat/Long: Hand-held GPS, USGS quad: Hand-held GPS, Survey-grade GPS, Distance, Direction, Nearest Town.

Pump Type: Turbine, Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify):, Horse Power Rating of Motor: 175, Setting Depth: 70 feet, Number of Stages: Four, Rated Pump Capacity: 1000 Gallons Per Minute.

Pump Test Data: Date Well Tested:, Static Water Level (A): 23 Feet Below Land Surface, Pumping Water Level (B):, Drawdown (B) - (A):, Test Pumping Rate:, Duration of Pump Test (minimum 4 hours):, Method of Measuring Water Level: Steel Tape, For flowing well, measured shut in head:, Well yielded GPM with a drawdown of, feet after hours of pumping.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge. DAVID P. HOLT 0-752 P, Signature of Pump Installer.