

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 #: A-111
L. S. Elevation: _____
E-log #: _____

County: Desoto
Permit #: EW42779
Driller: Delta Drilling of Tunica Inc.
Date drilling completed: 7-22-08

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>Robert Seale</u>	Latitude: <u>N 34° 59' 40" S</u> Longitude: <u>W 90° 13' 55" W</u>
Mailing Address: <u>13996 Norfolk Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lake Cormorant, Ms 38641</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NW 1/4 Sec 23 Twn 1S Rng 10W</u>
Telephone No. <u>(662) 781-0215</u>	Distance: <u>5</u> Miles Direction: <u>West</u> of Nearest Town: <u>Walls, Ms.</u>

Well Data

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

Date well drilling started: 7-22-08 Date well drilling completed: 7-22-08

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 7-23-08

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: .050 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. Signature of Water Well Contractor

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AUG 11 2008
BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Construction Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10671
 Jackson, MS 39289-0671
 (601)961-5216
 (601)354-6938 (fax)

For Office Use Only

Aquifer: _____
 Well #: A-111
 Elevation: _____

County: Osato
 Permit #: OW42779
 Driller: Delta Drilling of Tunica Inc.
 Date completed: 7-27-08

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>Robert Sayle</u>	Latitude: <u>N34 59.673</u> Longitude: <u>W89° 13.919'</u>
Mailing Address: <u>13996 Norfolk Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lake Cormorant, Ms. 38641</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NW 1/4 Sec 23 Twn 1S Rng 10W</u>
Telephone No. <u>(662) 781-0215</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>5 miles West of Walls, Ms.</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input type="checkbox"/> Submersible	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket: <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine	<input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>7-23-08</u>	Servey Depth: <u>60</u> feet
Rated Pump Capacity: <u>3000</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"/> <input checked="" type="checkbox"/> Steel Tape
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 of Tunica Inc. #0674 Allen Ryle
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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