

# 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 #: E-110  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Desoto  
Permit #: CW 42911  
Driller: Delta Drilling of Tunica Inc.  
Date drilling completed: 10-31-08

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>Shea Leatherman</u>	Latitude: <u>34° 56' 59"</u> Longitude: <u>W090° 09' 41"</u>
Mailing Address: <u>Riverview Farms</u>	Method of Lat/Long (circle one): <u>36</u> Conventional Survey, <u>25</u>
<u>P.O. Box 97</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
<u>Robinsonville, Ms. 38664</u>	<u>SW 1/4 NE 1/4 Sec 4 Twn 2S Rng 9W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: <u>South</u> of Nearest Town: <u>Wells, MS</u>
Telephone No. <u>(901) 218-8525</u>	

### Well Data

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

Date well drilling started: 10-31-08 Date well drilling completed: 10-31-08

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

Static Water Level: 14 feet above or below (circle one) land surface Date measured: 11-3-08

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: 10 inches Type of casing: PVC

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

Screen slot size: 0.32 inches Setting depth: From 60 feet to 40 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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If well telescopes please sketch below and show depths.

Ground Level GW42911

Description of Formations Encountered	From	To
loamy soil	0	13
loamy soil / sand	14	35
fine sand	36	48
sand and gravel formation	49	100

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) indicate direction:

Landowner Name: Sha Leatherman

Alan Pyle  
Signature of Water Well Contractor

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# 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 #: E-110  
 Elevation: \_\_\_\_\_

County: Desoto  
 Permit #: 6W42911  
 Driller: Delta Drilling of Tunica Inc.  
 Date completed: 10-3-08

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>Sra Leatherman</u>	Latitude: <u>N34° 56, 591</u> Longitude: <u>W090° 09, 411</u>
Mailing Address: <u>Riverfield Farms</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>P.O. Box 97</u>	USGS quad: <u>Hand-held GPS</u> , <u>Survey-grade GPS</u>
<u>Robinsonville, Ms. 38664</u>	<u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ Sec <u>4</u> Twp <u>25</u> Rng <u>9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>901, 218-8525</u>	<u>1.5</u> miles <u>South</u> of <u>Walls, Ms.</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>11-3-08</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>1600</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 Electric Measuring Line <input checked="" type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured (start to 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.

Delta Drilling of Tunica Inc. # 0674  
 Print Name of Pump Installer and License No. (if applicable)

Alan Pyle  
 Signature of Pump Installer

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 BY: OLWR