

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 #: A-85
L. S. Elevation: _____
E-log #: _____

County: Quitman
Permit #: 6043067
Driller: Delta Drilling of Tunica Inc.
Date drilling completed: 2-20-09

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>Werner Wadlington</u>	Latitude: <u>N34° 28' 36.22" W</u> Longitude: <u>90° 16' 59" W</u>
Mailing Address: <u>100 Werner Dr.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Sledge</u> State: <u>Ms.</u> Zip Code: <u>38670</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(662) 619-0193</u>	<u>NE 1/4 SW 1/4 Sec 17 Twn 7S Rng 10W</u>
	Distance: <u>3.5</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Sledge, MS.</u>

Well Data

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

Date well drilling started: 2-20-09 Date well drilling completed: 2-20-09

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

Static Water Level: 23 feet above (or below (circle one)) land surface Date measured: 2-23-09

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: .032 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. #4674
Print Name of Water Well Contractor and License No. Alan Pugh
Signature of Water Well Contractor

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MAR 27 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 10631
Jackson, MS 39219-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only

Acquirer:

Well #: A-85

Flowline:

County: Quitman
Permit #: GW43067
Driller: Delta Drilling of Tunica
Date completed: 2-23-09

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>Warner Wadlington</u>	Latitude: <u>N34° 28' 36"</u> Longitude: <u>W090° 16' 95"</u>
Mailing Address: <u>200 Warner Dr.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Sledge, MS 38670</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE</u> ¼ <u>SW</u> ¼ Sec <u>17</u> Twp <u>7S</u> Rng <u>11W</u>
Telephone No. (662) <u>619-0193</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>3.5</u> miles <u>NW</u> of <u>Sledge, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	<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"/> Floating Well	Windmill Other (specify): _____
Other (specify): _____	Motor Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>2-23-09</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>2500</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 Electric Measuring Line <u>Steel Tape</u>
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: _____ feet
Drawdown (B) - (A): _____ Foot Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hour 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. #0074
Print Name of Pump Installer and License No. (if applicable)

Alan Pyle
Signature of Pump Installer

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MAR 27 2009

BY: OLWR