

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 #: E-43
L. S. Elevation: _____
E-log #: _____

County: TATE
Permit #: GW 40978
Driller: Delta Drilling Service
Date drilling completed: 4-13-06

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>Alleson Farms</u>	Latitude: <u>34° 37' 22.4"</u>	Longitude: <u>090° 14' 26.3"</u>	
Mailing Address: <u>3593 Hwy 3</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Sarah</u> MS <u>38665</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>SW 1/4 SE 1/4</u> Sec <u>27</u> Twn <u>2S</u> Rng <u>10W</u>		
Telephone No. <u>(662) 382-7270</u>	Distance <u>9</u> Miles	Direction <u>E</u>	Nearest Town <u>TUNICA</u>
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____			
Date well drilling started: <u>4-13-06</u>		Date well drilling completed: <u>4-13-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>19</u> feet above or below (circle one) land surface		Date measured: <u>4-14-06</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>100</u>	Well depth: <u>100</u>	Well grouted to a depth of <u>10</u>	
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>60</u> feet	Casing diameter: <u>16</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet	Screen diameter: <u>16</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>20.50</u> inches Setting depth: From <u>60</u> feet to <u>100</u> feet			
Type of completion (circle all applicable): <u>Gravelpacked</u> 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: <u>VISUAL</u>			
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.			
<u>ALAN PYLE 674</u>		<u>Alan Pyle</u>	
Print Name of Water Well Contractor and License No.		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)961-3210
 (601)354-6938 (fax)

County: TATE
 Permit #: 6W40978
 Driller: Delta Drilling
 Date completed: 4-14-06

For Office Use Only:

Aquifer: _____
 Well #: E-43
 Elevation: _____

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>William Tera</u>	Latitude: <u>See on</u> Longitude: <u>Point #1</u>
Mailing Address: <u>3593 Hwy 3</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Socoh MS 38665</u>	USGS quad. <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 27 Twn 5S Rng 10W</u>
Telephone No. <u>(662) 382 7270</u>	Distance Direction Nearest Town
	Miles of

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>4-14-06</u>	Setting Depth: <u>60</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): <u>19</u> 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

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