

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-45
L. S. Elevation: _____
E-log #: _____

County: Tunica
Permit #: CW42713
Driller: Delta Drilling of Tunica Inc.
Date drilling completed: 7-14-08

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>N 34° 47' 06.7" W</u> Longitude: <u>W 92° 21' 63.0" W</u>
Mailing Address: _____ <u>P.O. Box 97</u> <u>Robinsonville, MS 39664</u> City State Zip Code	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(662) 363-2376</u>	<u>S 1/4 NW 1/4 Sec 33 Twn 35 Rng 11W</u> Distance Direction Nearest Town <u>2.5 Miles North of Hollywood, MS.</u>

Well Data

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

Date well drilling started: 7-14-08 Date well drilling completed: 7-14-08

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

Static Water Level: 24 feet above of below (circle one) land surface Date measured: 7-15-08

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

Hole depth: 130 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 90 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 90 feet to 130 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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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 39288-0631
 (601)961-5210
 (601)334-6938 (fax)

County: _____
 Permit #: 0642713
 Driller: Delta Drilling of Travis Inc
 Date completed: 7-15-08

For Office Use Only:

Aquifer: _____
 Well #: A-95
 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>Shea Leatherman</u>	Latitude: <u>N39° 47.067'</u> Longitude: <u>W90° 21.630'</u>
Mailing Address: <u>P.O. Box 97</u> <u>Robinsonville, Ms. 38664</u> City State Zip Code	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS grade: <u>Hand-held GPS</u> , Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 33 Twn 3S Rng 11W</u>
Telephone No. <u>(662) 363-2376</u>	Distance: <u>2.5</u> miles Direction: <u>North</u> of Nearest Town: <u>Hollywood, 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	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>7-15-08</u>	Setting Depth: <u>50</u> feet
Round Pump Capacity: <u>3,000</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input 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: _____ feet
Drawdown (B) - (A): _____ Foot 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 Travis Inc #0674 Allen Pyle
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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