

County: Tunica  
 Permit #: MSGW 40362  
 Dater: Delta Drilling of Tunica  
 Date drilling completed: 10-5-05

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 #: B-65  
 L. S. Elevator: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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.

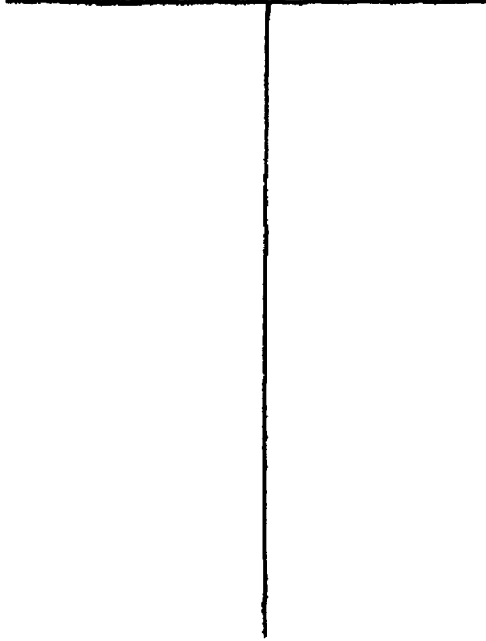
Well Owner Information		Well Location	
Owner Name: <u>Riverside Farms</u>	Latitude: <u>34° 50' 53"</u>	Longitude: <u>90° 13' 967"</u>	
Mailing Address: <u>P.O. Box 97</u>	Method of Lat/Long (circle one): <u>32</u> Conventional Survey, <u>58</u>		
<u>Robinsonville MS</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS		
<u>Shea Terhune 38664</u>	<u>SE 1/4 NW 1/4 Sec. 14 Twp 35 S. Rng 10 W</u>		
City State Zip Code	Distance: <u>4 1/2</u> Miles	Direction: <u>NE</u>	Nearest Town: <u>Robinsonville MS</u>
Telephone No. <u>601 358-8969</u>			
Well Data			
Purpose of Well (circle one): <u>Irrigation</u> Home Industrial Public Supply Fish Culture Other: _____			
Date well drilling started: <u>10-5-05</u> Date well drilling completed: <u>10-5-05</u>			
If flowing, method of flow regulation: Valve _____ Other (describe): _____			
Static Water Level: <u>17</u> feet above or below (circle one) land surface Date measured: <u>10-10-05</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> feet			
Type of grout (circle one): Cement <u>Bedrock</u> Mix			
Casing length: <u>60</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>Steel</u>			
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>Steel</u>			
Screen slot size: <u>0.50</u> inches Setting depth: From <u>60</u> feet to <u>100</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</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 DYLE 674</u>		<u>[Signature]</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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B-65

If well telescopes please sketch below and show depths.

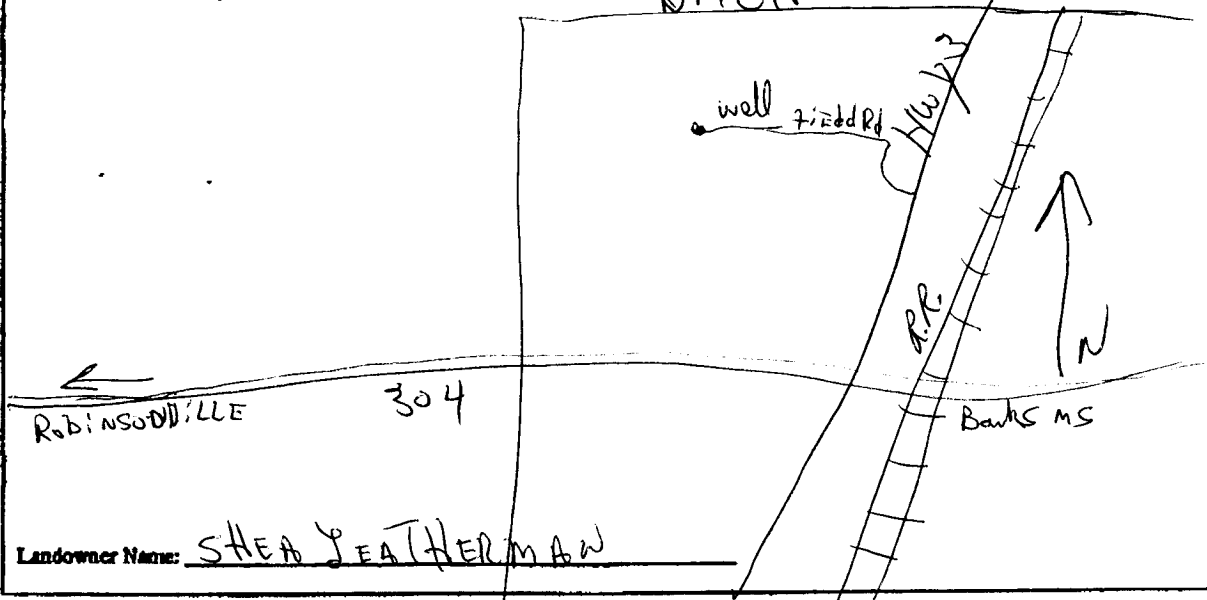
Ground Water 40362



Description of Formations Encountered	From	To
Clay	0	39
Coarse Sand + Gravel	39	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.



Shea Leatherman  
 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: Tunica  
 Permit #: MS-6W 40362  
 Driller: Delta Valley of Tunica  
 Date completed: 10-5-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-65  
 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>RIVERFIELD FARMS</u> Mailing Address: <u>P.O. Box 97</u> <u>Robinsonville MS 38664</u> <small>City State Zip Code</small> Telephone No. ( ) _____	Latitude: <u>34-50-53.7</u> Longitude: <u>090-13-967</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad</u> , <u>Hand-held GPS</u> , <u>Survey-grade GPS</u> <u>SE ¼ NW ¼ Sec. 11 Twn 35 Rng 10 W</u> Distance _____ Direction _____ Nearest Town _____ <u>4 ½</u> Miles <u>NE</u> of <u>Robinsonville MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket: Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/> Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>10-10-05</u> Rated Pump Capacity: <u>3000</u> Gallons Per Minute	<u>Diesel Engine</u> <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>110</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>17</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

ALAN DYLE \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable)

[Signature] \_\_\_\_\_  
Signature of Pump Installer

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 06/20/2005  
 BY: OLWR