

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 #: B-68
 L. S. Elevation: _____
 E-log #: _____

County: Tunica
 Permit #: _____
 Driller: Deltachilly Tunica
 Date drilling completed: 7-14-06

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>T.E. Swindell</u>	Latitude: <u>3A° 47' 45"</u> Longitude: <u>90° 16' 53"</u>
Mailing Address: <u>2820 Bark Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Robinsonville ms</u> State: <u>ms</u> Zip Code: <u>38664</u>	<u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>29</u> Twn <u>3S</u> Rng <u>10W</u>
Telephone No. (<u>601</u>) <u>901-471-9482</u>	Distance: <u>3</u> Miles Direction: <u>SE</u> of Nearest Town: <u>ROBINSONVILLE</u>

Well Data

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

Date well drilling started: 7-14-06 Date well drilling completed: 7-14-06

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

Static Water Level: 18' feet above or below (circle one) land surface Date measured: 7-17-06

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

Hole depth: 111 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0050 inches Setting depth: From 70 feet to 100-110 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: VISUAL

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.

ALAN DYLE 0674
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

RECEIVED
 JUL 27 2006
 BY: OLWR

replacement for GW13424

STATE WELL REPORT

Part 2

Pump Installer's Certification 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)

County: Tunica
 Permit #: _____
 Driller: DELTA DRILLING
 Date completed: 7-17-06

For Office Use Only:
 Aquifer: _____
 Well #: B-68
 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>T.E. Swindobl</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2820 Banks Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Robinsonville ms 38864</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW ¼ NE ¼ Sec 29 Twn 3 S Rng 10 W</u>
Telephone No. <u>(901) 471-9482</u>	Distance Direction Nearest Town
	<u>3 Miles SE of Robinsonville</u>

Circle one	Circle one	Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>7-17-06</u> Rated Pump Capacity: <u>1790</u> Gallons Per Minute	<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Flaring Well	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Manual 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>150</u> Setting Depth: <u>60</u> feet Number of Stages: <u>3</u>

Pump Test Data	Method of Measurement (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): <u>18</u> Feet Below Land Surface	Gauge (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shot in bore: _____ feet
Drawdown ((B) - (A)): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hour(s) 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 RYLE _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 JUL 27 2006
 BY: OLWR