

# 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 #: B-69  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Tunica  
Permit #: GW 41765  
Driller: Delta Drilling of Tunica MS  
Date drilling completed: 5-24-07

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>PENN OWENS</u>	Latitude: <u>34° 27' 47" N</u> Longitude: <u>90° 17' 41" W</u>
Mailing Address: <u>P.O. Box 98</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Robinsonville MS 39664</u>	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 3 Twn 3 S Rng 18 W</u>
Telephone No. <u>(662) 363-1227</u>	Distance <u>1</u> Miles Direction <u>SE</u> of Nearest Town <u>Robinsonville</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>5-24-07</u> Date well drilling completed: <u>5-24-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>18</u> feet above or below (circle one) land surface, Date measured: <u>5-27-07</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>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>2080</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 PYLE</u> <u>0674</u>	<u>[Signature]</u> <u>RECEIVED</u> <u>BY: OLWR</u>



# 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)961-5210  
 (601)354-6938 (fax)

County: TWINING  
 Permit #: GW41265  
 Driller: Delta Drilling  
 Date completed: 5-25-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-69  
 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>PENN Owners</u> Mailing Address: <u>P.O. Box 98</u> <u>Robinsonville MS 38664</u> <small>City State Zip Code</small> Telephone No. <u>(662) 363-1227</u>	Latitude: <u>34-27-23.6</u> Longitude: <u>89-17-68.5</u> <small>14 41</small> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: <u>Hand-held GPS, Survey-grade GPS</u> <u>SW 4 SE 4 Sec 30 Twn 35 Rng 10W</u> Distance Direction Nearest Town <u>2 Miles SE of Robinsonville</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input type="checkbox"/> Submersible Bucket: <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>5-25-07</u> Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Diesel Engine: <input type="checkbox"/> Gasoline Engine: <input type="checkbox"/> Natural Gas: <input type="checkbox"/> <input checked="" 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>30</u> Setting Depth: <u>50</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ 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"/> Steel Tape: <input type="checkbox"/> Other (specify): _____ For flowing well, measured draw to 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 of Pump Installer

RECEIVED  
 JUN 05 2007  
 BY: OLWR