

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 #: C-15
 L. S. Elevation: _____
 E-log #: _____

County: TUNICA
 Permit #: GW40237
 Driller: Delta Drilling of Tunica
 Date drilling completed: 8-7-07

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>Jimmy McClintock</u>	Latitude: <u>34° 42' 17.5"</u> Longitude: <u>90° 24' 99.3"</u>
Mailing Address: <u>P.O. # of 64</u>	Method of Lat/Long (circle one): <u>10</u> Conventional Survey, <u>59</u>
<u>Tunica</u> <u>MS</u> <u>38676</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 25</u> ✓ <u>Twn 45</u> , <u>Rng 12 W</u>
Telephone No. <u>(662) 363 1801</u>	Distance <u>2.9</u> Miles <u>W</u> Direction of <u>TUNICA</u> Nearest Town

Well Data

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

Date well drilling started: 8-7-07 Date well drilling completed: 8-7-07

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

Static Water Level: 16 feet above or below (circle one) land surface Date measured: 8-8-07

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

Hole depth: 198 Well depth: 98 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 58 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 58 feet to 98 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 PYLE 0674
 Print Name of Water Well Contractor and License No.

Alan Pyle
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

C-15

Ground Level

Description of Formations Encountered	From	To
CLAY	0	42
FINE SAND	42	55
SEA COAST SAND	55	98
CLAY Gumbo	98	108

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.

The sketch shows a property layout with a well marked by a dot and labeled 'WELL'. A road labeled 'FIELD RD' runs vertically on the right side of the property. Another road labeled 'old moon Landing Rd' runs horizontally across the middle. To the right of this road is a structure labeled 'TUNICON'. Further right, a vertical road is labeled 'OLD 61 HWY'. A north arrow is drawn on the left side of the sketch.

Landowner Name: Murray McClintock

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

County: TUNICA
 Permit #: _____
 Driller: Delta Drilling
 Date completed: 8-8-07

For Office Use Only:

Aquifer: _____
 Well #: C-15
 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>Murray McLentock</u>	Latitude: <u>34-42-17S</u> Longitude: <u>098 24 993</u>
Mailing Address: <u>P.O. Box 64</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>Tunica MS 39676</u>	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 25 Twn 45, Rng 12W</u>
Telephone No. <u>(662) 363-1801</u>	Distance Direction Nearest Town
	<u>1/2 miles W of TUNICA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>8-8-07</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</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): _____ 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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 BY: OLWR