

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)

County: Tunica
Permit #: _____
Driller: Delta Drilling Tunica
Date drilling completed: 12-23-05

For Office Use Only:
Aquifer: _____
Well #: D-103
L. S. Elevation: _____
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>George Perry</u>	Latitude: <u>N34.43.590"</u> Longitude: <u>90 23.060"</u>
Mailing Address: <u>1040 Perryman Rd Tunica MS 38676</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Tunica</u> State: <u>MS</u> Zip Code: <u>38676</u>	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No.: <u>(662) 363 1717</u>	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>29</u> Twn <u>4S</u> Rng <u>11W</u>
	Distance: <u>1</u> Miles Direction: <u>N</u> of Nearest Town: <u>Tunica old Hwy 61</u>

Well Data

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

Date well drilling started: 12-23-05 Date well drilling completed: 12-23-05

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 12-24-05

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

Hole depth: 100 ft Well depth: 100 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 102 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: 0050 inches Setting depth: From 60 feet to 100 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. Signature of Water Well Contractor

RECEIVED
JAN 17 2006
BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Tunica
 Permit #: _____
 Driller: _____
 Date completed: _____

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 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 #: D-103
 Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>George Perry</u>	Latitude: <u>N34° 43.590'</u> Longitude: <u>090° 23.060'</u>
Mailing Address: <u>1040 PERRY FARM RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Tunica MS 38676</u>	<u>SE 1/4 NW 1/4 Sec 29 Twn 4S Rng 11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 363-1717</u>	<u>1</u> Miles <u>N</u> of <u>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>145</u>
Date Pump Installed: <u>1/9/06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1400</u> Gallons Per Minute	Number of Stages: <u>Two</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): <u>21</u> 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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
DAVID P. HOLT 0-752P
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 JAN 17 2006
 BY: OLWR