

RECEIVED

County: Tunica
 Permit #: GW-44849 J
 Driller: Delta Drilling of Tunica
 Date drilling completed: 5-11-11

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Official Use Only: 2011
 Aquifer: D
 Well #: BY: OLWR
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>John Cepers</u>	Latitude: <u>34° 42' ²⁶46"</u> Longitude: <u>90° 20' ³¹27"</u>
Mailing Address: _____ <u>4361 Duloney Rd.</u> <u>Tunica MS 38676</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>SE 1/4 NE 1/4 Sec 27</u> Twn <u>45</u> Rng <u>11W</u>
Telephone No. () _____	Distance <u>3</u> Miles <u>East</u> of <u>Tunica</u>

Well / Borehole Data

Date drilling started: 5-11-11 Date drilling completed: 5-11-11 Hole depth: 100' Hole diameter: 22

Location of the source of any surface water used for drilling: Lake right next to well
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 5-12-11

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

Well depth: 100' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 12 inches Type of casing: PVC

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

Screen slot size: .032 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): _____

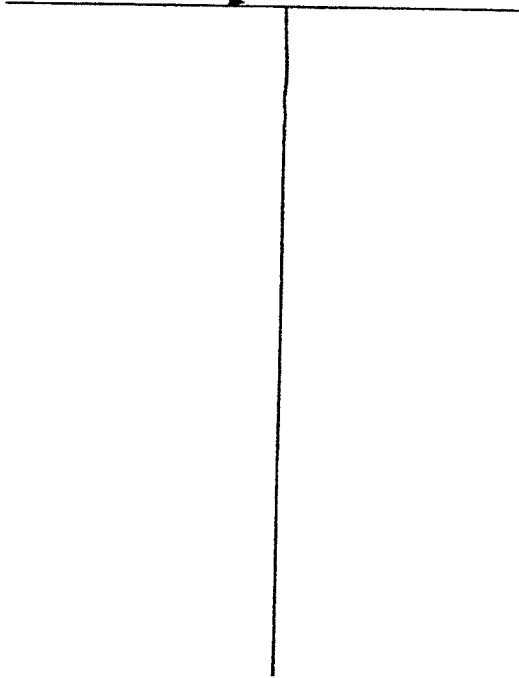
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

D121

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

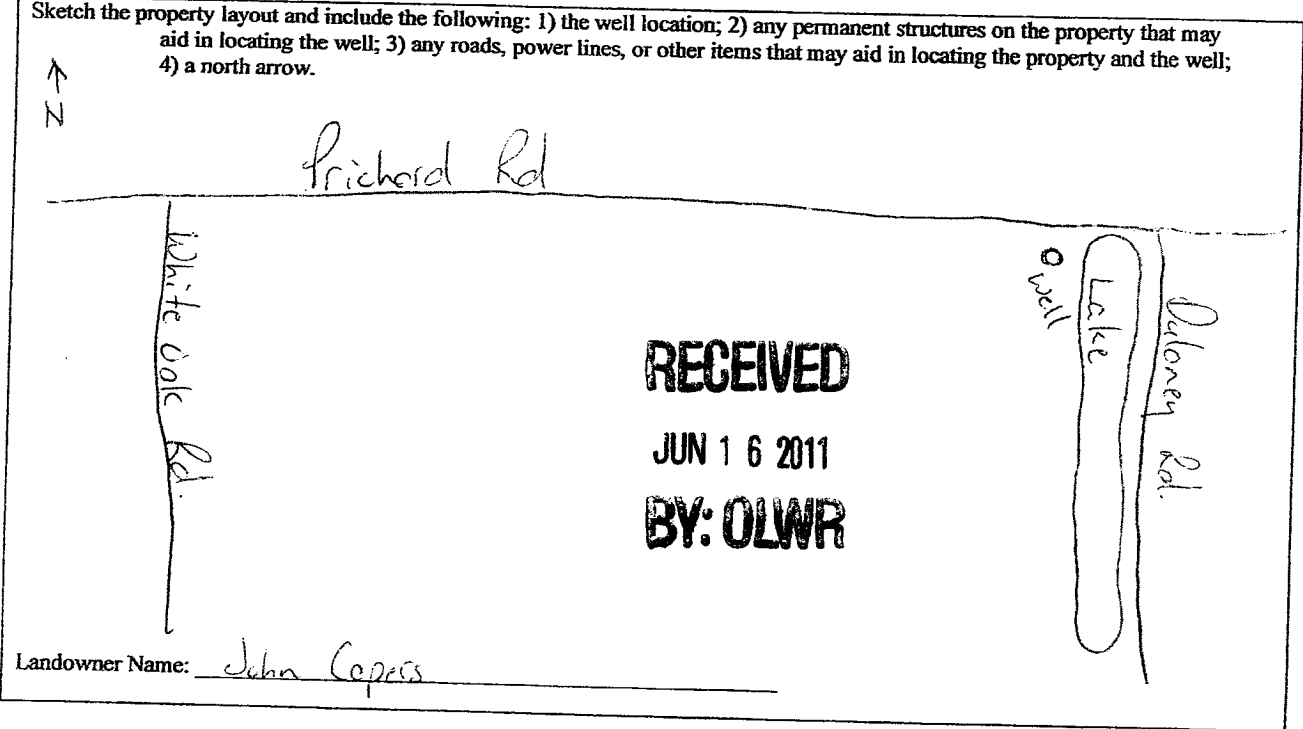


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
loamy soil	Ground Level	25
Coarse sand & gravel	26	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) a north arrow.



Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Chris Shackley # 2561 6-5-11
Print Name of Responsible Licensee and License No. Date

Signature of Licensee

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JUN 16 2011

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

For Office Use
Aquifer:
Well #: D121
Elevation:

BY: OLWR

County: TUNICA
Permit #: GW-44849
Driller: DELTA DRILLING
Date completed: 5-11-11
Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information: JOHN CARES, 4361 DULANEY RD, TUNICA MS 38676, Telephone No. (901) 606-2398
Well Location: Latitude 34.42.26.93 Longitude 90.20.38.84, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, Distance 2 Miles NE of TUNICA

Pump Type: Submersible
Power Type: Diesel Engine
Air Lift: Jet, Submersible
Bucket: Piston, Turbine
Centrifugal: Rotary, Flowing Well
Other (specify):
Date Pump Installed: 5-25-11
Rated Pump Capacity: 1200 Gallons Per Minute
Diesel Engine, Gasoline Engine, Natural Gas
Electric Motor, Hand, Tractor PTO
Windmill, Other (specify):
Horse Power Rating of Motor: 25
Setting Depth: 60 feet
Number of Stages: 1

Pump Test Data: Date Well Tested, Static Water Level (A): 21 Feet Below Land Surface, Pumping Water Level (B), Drawdown [(B) - (A)], Test Pumping Rate, Duration of Pump Test (minimum 4 hours)
Method of Measuring Water Level: Steel Tape
Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured shut in head:
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.
DAVID P. HOLT 0-752P
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer