

0720004-04

County: TUNICA
 Permit #: MS-GW-16835
 Driller: Aldric Jones
 Date drilling completed: 8-24-12

State Well Report
Part I - 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 Office Use Only:
 Aquifer: _____
 Well #: D125
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Towns of Tunica</u>	Latitude: <u>34° 41' 28.82"</u> Longitude: <u>90° 22' 56.11"</u>
Mailing Address: <u>90 Ed Davis & Associates</u> <u>P.O. Box 1219</u> <u>Olive Branch MS 38654</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>NW 1/4 SE 1/4 Sec 32 Twn 04S Rng 11W</u>
Telephone No. <u>(662) 893-4041</u>	Distance Direction Nearest Town <u>4.1618</u> Miles of <u>Delta Street</u>

Well / Borehole Data

Date drilling started: 6-2-12 Date drilling completed: 8-24-12 Hole depth: 1901' Hole diameter: 26"

Location of the source of any surface water used for drilling: City water
 Method of dosing and volume of Chlorine used in drilling and development: 20lb HTHL & City water

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

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) N/A

Static Water Level: 73 feet above or below (circle one) land surface Date measured: 11-21-12

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

Well depth: 1859' Well grouted to a depth of 1775 feet Type of grout (circle one) Ncat Cement Bentonite Mix

Casing length: 1770 feet Casing diameter: 16" inches Type of casing: Steel

Screen length: 80 feet Screen diameter: 10" inches Type of screen: Stainless Steel

Screen slot size: .020 inches Setting depth: From 1770 feet to 1855 feet

Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

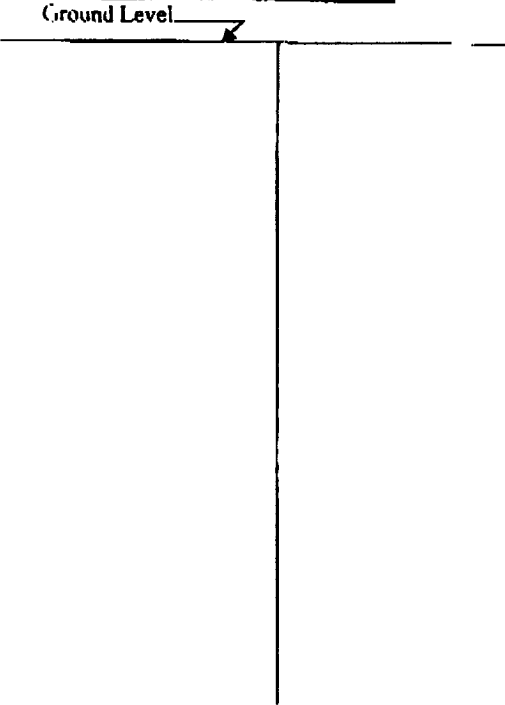
Top of lap pipe or reduction in casing: 1695 feet. *If telescoped or more than one screen, describe on next page*

D125

The sketch below only required for water wells

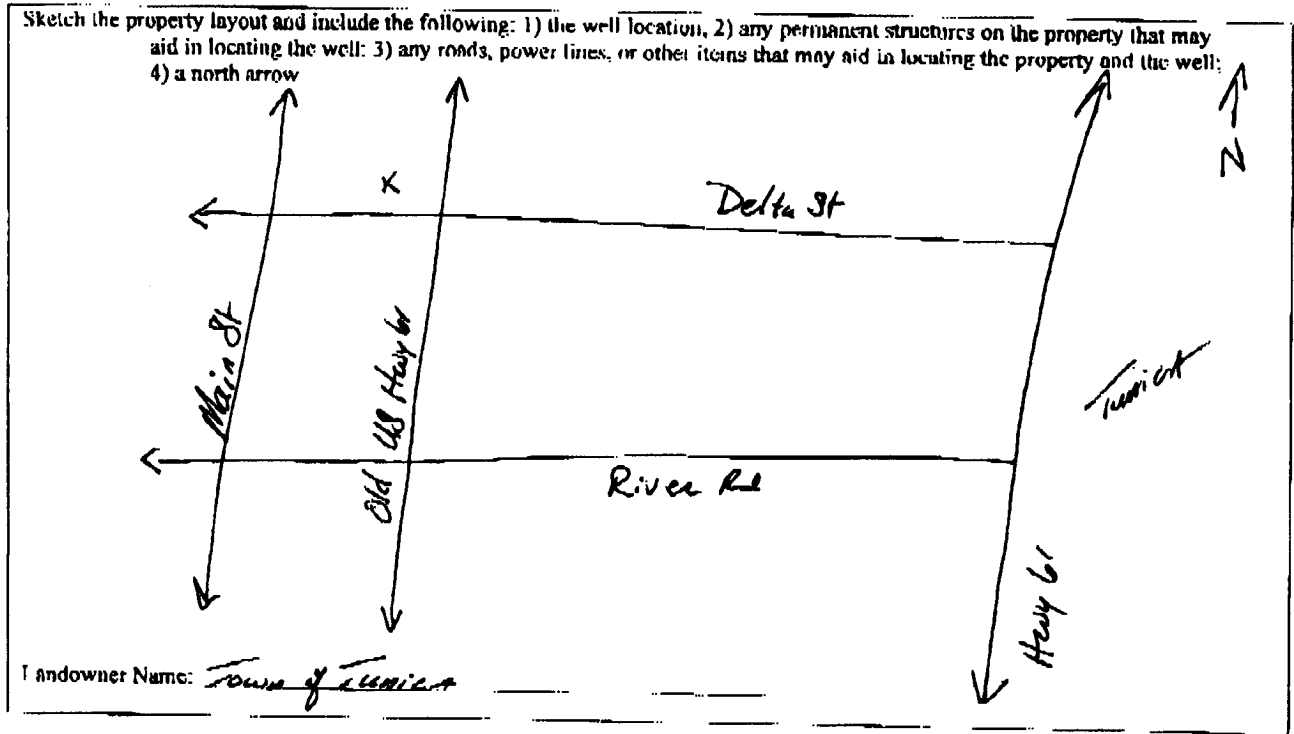
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	43
Sand	43	93
Sand and Gravel	93	132
Rock	132	133
Sand and Gravel	133	158
Rock	158	159
Sand and Gravel	159	167
Clay	167	220
Sand with Clay	220	495
Clay	495	537
Clay with Sand	537	674
Rock	674	675
Clay with Sand	675	745
Clay	745	885
Clay with Sand	885	922
Sand with Clay	922	1188
Clay with Sand	1188	1518
Rock	1518	1519
Clay	1519	1673
Sand with Shale	1673	1719
Sand	1719	1857
Clay	1857	1896
Rock	1896	1897
Clay	1897	1901

If more than one screen, show location of each on sketch



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.

Clayton Miller 0-703 2-20-13
 Print Name of Responsible Licensee and License No. Date

Clayton Miller
 Signature of Licensee

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)

County Tunica
 Permit # MS-GW-10835
 Driller Michael Wells
 Date completed 11-21-12
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: D125
 Elevation: _____

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
 Owner Name: Town of Tunica
 Mailing Address: 90 Ed Davis & Associates
P.O. Box 1219
Olive Branch MS 39654
 City State Zip Code
 Telephone No. (662) 893-4041

Well Location
 Latitude: 34° 41' 28.82" Longitude: 90° 22' 56.41"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS X, Survey-grade GPS _____
NW 1/4 SE 1/4 Sec 32 T.04S R.11W
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles of Delta Street

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Lifting
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 11-21-12
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 75
 Setting Depth: 150 feet
 Number of Stages: 5

Pump Test Data
 Date Well Tested: 2-5-13
 Static Water Level (A): 73 Feet Below Land Surface
 Pumping Water Level (B): 99 Feet Below Land Surface
 Drawdown [(B) - (A)]: 26 Feet Below Land Surface
 Test Pumping Rate: 837 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 8 hours

Method of Measuring Water Level
 Circle one
 Air Line Electric Measuring Line Steel Tap
 Other (specify): _____
 For flowing well, measured shut in head: N/A feet
 Well yielded 837 GPM with a drawdown of
26 feet after 8 hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Clayton Miller 0-703 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer