

County: Tunica  
 Permit #: GW-44648 ✓  
 Driller: Delta Drilling  
 Date drilling completed: 3-21-11

### 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 Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: D131  
 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>Jack Day Perry</u>	Latitude: <u>N37° 45' 45.4"</u> Longitude: <u>90° 23' 6.27"</u> <u>34 45 39</u> <u>90 23 38</u>
Mailing Address: _____ <u>PO Box 2128</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Tunica</u> <u>MS</u> <u>38671</u> City                      State                      Zip Code	<u>SW 1/4 SW 1/4</u> Sec <u>5</u> Twn <u>45</u> Rng <u>11W</u>
Telephone No. ( ) _____	Distance                      Direction                      Nearest Town <u>4</u> Miles <u>North</u> of <u>Tunica, MS.</u>

**Well / Borehole Data**

Date drilling started: 3-21-11    Date drilling completed: 3-21-11    Hole depth: 100    Hole diameter: 22

Location of the source of any surface water used for drilling: 1/2 mile south  
 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: 15 feet above or below (circle one) land surface    Date measured: 3-23-11

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

Well depth: 100    Well grouted to a depth of \_\_\_\_\_ feet    Type of grout (circle one): Near 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): \_\_\_\_\_

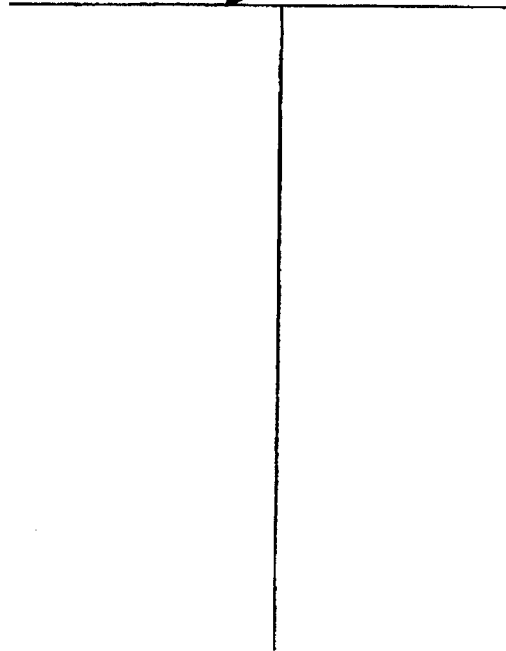
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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 BY: [Signature]

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

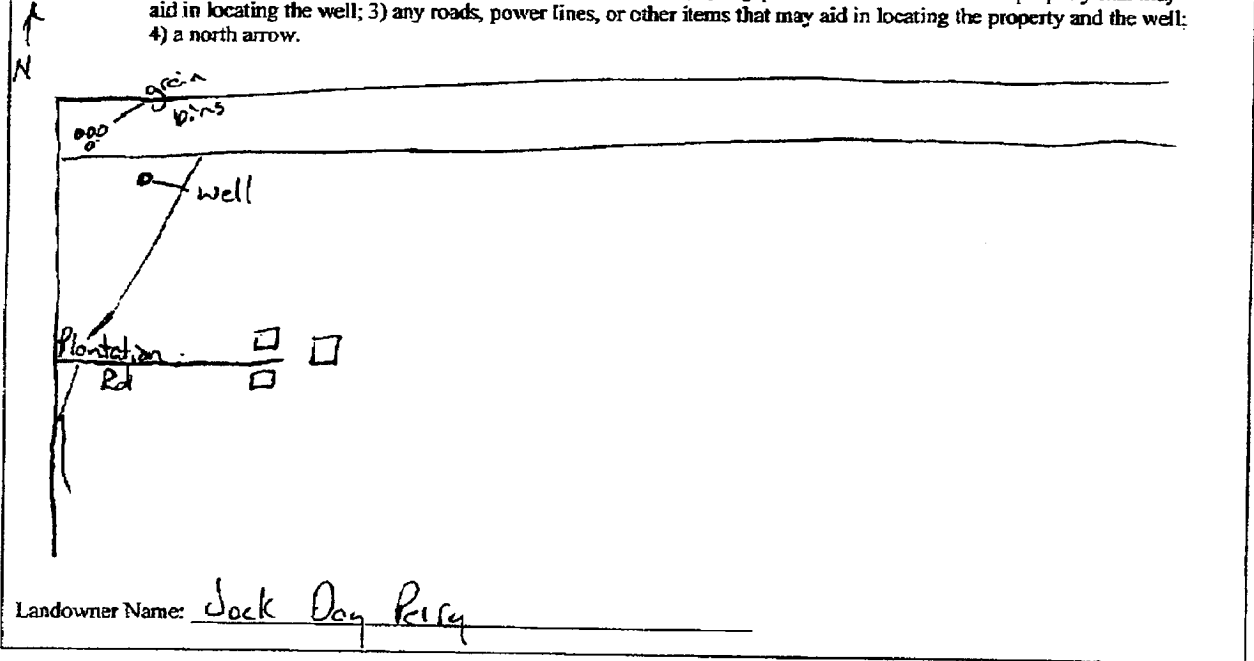


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	24
Clay / fine sand	25	38
Coarse sand & gravel	39	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 Shockley # 2561 2-23-11

Print Name of Responsible Licensee and License No.

Date

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 #: GW-44648  
 Driller: Delta Drilling  
 Date completed: 3-21-11  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: D  
 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	Well Location
Owner Name: <u>A.J. Piny Co</u>	Latitude: <u>34° 45' 38.76"</u> Longitude: <u>90° 23' 35.34"</u>
Mailing Address: <u>P.O. Box 2309</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tunica</u> <u>MS</u> <u>38676</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW</u> ¼ <u>SW</u> ¼ Sec <u>5</u> T <u>45</u> R <u>11W</u>
Telephone No. <u>(662) 357-5400</u>	Distance Direction Nearest Town
	<u>3.8</u> Miles <u>N</u> of <u>TUNICA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>5-30-11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>850</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 <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>15</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 _____ 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.

DAVID P. HOLT 0-752P \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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