

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-43  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Tunica MS  
 Permit #: GW41769  
 Driller: Detta D. Towner  
 Date drilling completed: 4-19-07

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>E.J. Lake</u>	Latitude: <u>34° 43' 59"</u> Longitude: <u>90° 17' 00"</u>
Mailing Address: <u>P.O. Box 67</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Dumree MS 38636</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 19 Twn 45 Rng 10W</u>
Telephone No: <u>(662) 363-1947</u>	Distance Direction Nearest Town <u>6 Miles East of Tunica</u>

**Well Data**

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

Date well drilling started: 4-19-07 Date well drilling completed: 4-19-07

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 4-30-07

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

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 0.32 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.

Alan Pyle  
 Signature of Water Well Contractor

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 MAY 16 2007  
 BY: OLWR

**RECEIVED**  
 MAY 16 2007  
 R.T. OLIVER  
 Ground Level

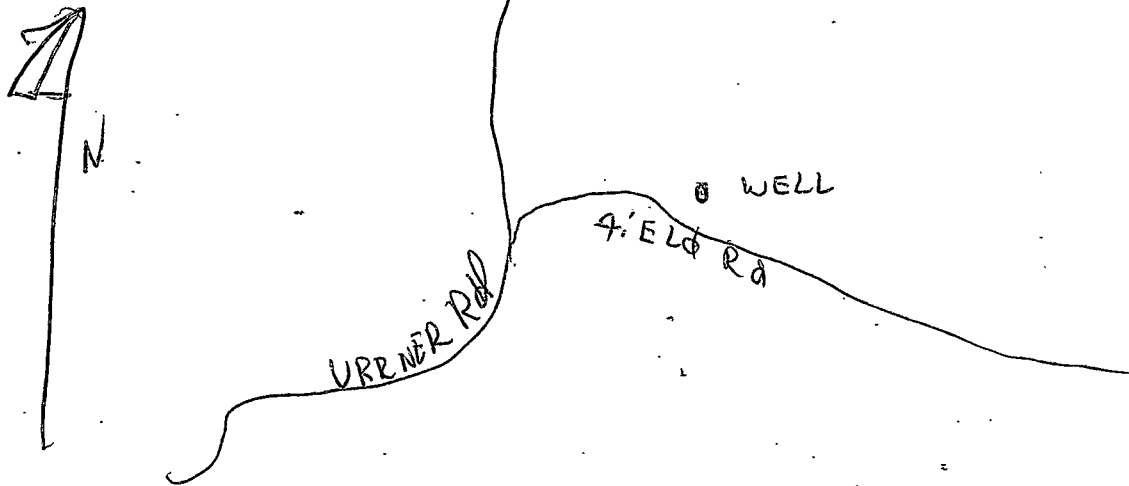
If necessary, please sketch below and show depths.

E-43

Description of Formations Encountered	From	To
Sandy Soil	0	48
Clay	48	55
Sand & Gravel	55	80
Coarse Sand & Gravel	80	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) indicate direction:



Landowner Name: E. J. Lake

Signature of Water Well Contractor

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: E-43

Elevation: \_\_\_\_\_

County: Tunica  
Permit #: \_\_\_\_\_  
Driller: Delta Drilling  
Date completed: 4-20-07

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>E. J. Lake</u>	Latitude: <u>34-43598</u> Longitude: <u>90 17-600</u>
Mailing Address: <u>P. O. Box 67</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Conventional Survey, Survey-grade GPS
<u>Osborne MS 38626</u>	USGS quad, <u>NE 1/4 NE 1/4 Sec 19 Twn 48 Rng 10 W</u>
City State Zip Code	
Telephone No. (662) <u>363-1847</u>	Distance Direction Nearest Town <u>6</u> Miles <u>East</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>60</u>
Date Pump Installed: <u>4-20-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line      Steel Tape
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      [Signature]  
Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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MAY 16 2007  
BY: OLWR