County: Tunica
Permit #: 6W 43461
Driller: Della Orlling of Tuning Inc.
Date drilling completed: &-20-09

State Well Report Part 1 – Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

For	Office Use Only
Aquifer:	
Well #:	E51
L. S. Elevati	on:
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

Department at the above address within 50 days of comp	neuon of ariting of the well or borehole.		
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location		
Owner Name Buddy Allen	Latitude:\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\		
Mailing Address: A's J Planting	Method of Lat/Long (circle one): Conventional Survey,		
P.O. Bed 1298	USGS quad, Hand-held GPS, Survey-grade GPS		
Tunica Ms. 3867/	NE 1/2 SE 1/2 Sec 4 Twn 35 Rng 16 W		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. (1662) 357-5400	UI		
Well / Bore	hole Data		
Date drilling started: 6-20-09 Date drilling completed: 6-20-	109 Hole depth: 100 Hole diameter: 28 Hole		
Location of the source of any surface water used for drilling:	ie Hydrent		
Method of dosing and volume of Chlorine used in drilling and develo	opment:		
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:		
Purpose of borehole (check one): Water Well Y Geotechnical/Geolo	ogical Investigation Ground Source Heat Pump		
Seismic Survey Other (describe)			
If drilling is not related to water well construction	i, skip the remainder of this block		
Purpose of Well (check one): Home Industrial Public Supply			
If a flowing well, method of flow regulation: Valve Ot	her (describe)		
Static Water Level: 35 feet above of below (circle one) land surface Date measured: 8-10-09			
Method of Measurement (circle one) steel tape electric tape	air line other:		
Well depth: //O Well grouted to a depth of //O feet Type of			
Casing length: /// feet Casing diameter: //	_inches Type of casing:		
Screen length: 10 feet Screen diameter: 14	inches Type of screen:		
Screen slot size:inches	60 feet to /DO feet		
Type of completion (circle all applicable) Gravel packed Underro	eamed Telescoped Open hole Natural Development		
Other (describe):			
Top of lap pipe or reduction in casing:feet. If tele	escoped or more than one screen, describe on next page		

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

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BY: OLWR

6W4346S The sketch below only required for	
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

escription of Formations Encountered	From (depth)	To (depth)
loomy soil	Ground Level	10
Clay		23
day / fine son	24	38
Coarse Sand & gravel	37	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.	21, 11, 2, 21	
	Hikabetla Itm Rd.	
	Alkahotla Den Rd. Form Coo Coo	
Pogr	o well to	
	form the management	
	1 0	
Landowner Name:		
	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

Print Name of Responsible Licensee and License No.

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BY: OLWR

STATE WELL REPORT

Permit #: GW 43461 Driller: Delta Drilling of Tanje 4 Date completed: 8-10-07

Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309

P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)

For Office Use Only:		
Aquifer:		
Well#: E51		
Elevation:		

Copy information from block on Part 1	(601)96	ol-5228 (fax)	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 Informati			Location
Owner Name: Bookly Allen		Latitude: 1134° 46 . 124	Longitude: None 15, 318
Mailing Address: A & J Plantin	3	Method of Lat/Long (check one	1 F
P.O. Box 1298	and any state of the same of t	USGS quad, Hand-held (GPS Survey-grade GPS
Tunica Ms. City State	38674 Zip Code	NE 1/4 SR 1/4 Sec 4	T 38 R 18W
		Distance Birection	reacse form
Telephone No. ()			Robinsonville, Ms.
Pump Type Circle one			ver Type cle one
Choic the			
Air Lift Jet	Submersible (Diesel Engine Gasoline	Engine Natural Gas
Bucket Piston	Turbine		Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Other (s	pecify):
Other (specify):		Horse Power Rating of Motor:	100
Date Pump Installed: 3-10-09		Setting Depth:	feet
Rated Pump Capacity: 3 000	Gallons Per Minute	Number of Stages:/	
Pump Test Data			suring Water Level
Dec Well Tours		Cir	cle one
Date Well Tested:		Air Line Electric Meas	uring Line Steel Tape
Static Water Level (A):Feet I	Below Land Surface	Other (specify):	
Pumping Water Level (B):Feet B	elow Land Surface	(4,000)	
Drawdown [(B) - (A)]:Feet B	Below Land Surface	For flowing well, measured sha	t in head:feet
Test Pumping Rate:	Gallons Per Minute	Well yielded	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	hours	feet after	hours of pumping
		Court Investigation	
HEREBY CERTIFY that the above statement Alan lyk # 06.74	ents are true to the best o	or my knowledge. Warn Puls	
Print Name of Pump Installer and License N	o. (if applicable)	Signature of Pump Ins	taller
			Form: OLWR-SWR-1B (04/08)

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AUG 2 5 2009

BY: OLWR