

Does not match permit loc.

# 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 #: F-35  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Tunica  
Permit #: 6W40977  
Driller: DELTA DRILLING Tunica  
Date drilling completed: 4-10-06

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>Will OWENS</u>	Latitude: <u>N 34° 37' 909"</u> Longitude: <u>W 90° 26' 227"</u>
Mailing Address: <u>5722 Old Hwy 615</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Tunica</u> State: <u>ms</u> Zip Code: <u>38676</u>	USGS quad: <u>SW</u> Hand-held GPS, Survey-grade GPS
Telephone No. <u>(662) 363-9646</u>	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>23</u> Twn <u>5 S</u> Rng <u>12W</u>
	Distance: <u>7</u> Miles Direction: <u>SW</u> of Nearest Town: <u>TUNICA</u>

**Well Data**

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

Date well drilling started: 4-10-06 Date well drilling completed: 4-10-06

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: 4-14-06

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

Hole depth: 118 Well depth: 115 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 0050 inches Setting depth: From 75 feet to 115 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): \_\_\_\_\_

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**BY: OLWR**

ALAN PYLE 0674  
Print Name of Water Well Contractor and License No.

[Signature]  
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)961-3210  
(601)354-6938 (fax)

County: TUNICA  
Permit #: GW40927  
Driller: Delta Drilling Tunica  
Date completed: 4-14-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: F-35  
Elevation: \_\_\_\_\_

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>WILL OWENS</u>	Latitude: <u>N 34-37 909</u> Longitude: <u>W 090 26 227</u>
Mailing Address: <u>5722 Old Hwy 615</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>TUNICA</u> MO <u>38676</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>SW NW</u> 1/4 <u>SW</u> 1/4 Sec <u>23</u> Twn <u>5 S</u> Rng <u>12 W</u>
Telephone No. <u>(662) 363-9646</u>	Distance Direction Nearest Town <u>7</u> Miles <u>SW</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>100</u>
Date Pump Installed: _____	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>24</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.

MIAN PYLE \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer