

# 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-37  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Tunica  
Permit #: 6W42440  
Driller: Delta Drilling of Tunica Inc.  
Date drilling completed: 3-26-08

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 Jr.</u>	Latitude: <u>34° 39' 04.8"</u> Longitude: <u>90° 24' 57.6"</u>
Mailing Address: <u>1100 Curville Court</u>	Method of Lat/Long (circle one): Conventional Survey, <u>58</u>
<u>Tunica</u> MS, <u>38676</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SW 1/4 NE 1/4</u> Sec <u>13</u> Twn <u>58</u> Rng <u>12W</u>
Telephone No. <u>(662) 910-2603</u>	Distance <u>1 1/2</u> Miles Direction <u>W</u> of Nearest Town <u>Edwardsville MS</u>

**Well Data**

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

Date well drilling started: 3-26-08 Date well drilling completed: 3-26-08

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 3-29-08

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: .033 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 DYLE 0674 [Signature]  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
MAY 01 2008  
BY: OLWR



# 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 #: 6W42440  
 Driller: Delta Drilling of Tunica  
 Date completed: 3-29-08

*For Office Use Only:*

Aquifer: \_\_\_\_\_  
 Well #: F-37  
 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 Jr</u>	Latitude: <u>34 39 048</u> Longitude: <u>090 24 976</u>
Mailing Address: <u>1100 Evansville Cove</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Tunica</u> MS. <u>38676</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 13 Twn 5S Rng 12W</u>
Telephone No. <u>(662) -910-0603</u>	Distance Direction Nearest Town <u>1 1/2</u> Miles <u>W</u> of <u>Evansville, MS</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>110</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>3-29-08</u>	
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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.

Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_ Signature of Pump Installer: [Signature]

RECEIVED  
MAY 01 2008  
BY: OLWR