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State Well Report Part 1 - Driller's Log

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)

County: FUNICA
 Permit #: GW40950
 Driller: HOUSTON DRILLING
 Date drilling completed: 4/17/05

For Office Use Only:
 Aquifer: _____
 Well #: G-119
 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.

| | |
|--|---|
| <p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>WILL OWEN</u></p> <p>Mailing Address: <u>FUNICA MS</u> <u>5722 OLD HWY 61 SOUTH</u> <u>FUNICA MS 38676</u> City State Zip Code</p> <p>Telephone No.: <u>602 363-9646</u></p> | <p>Well or Borehole Location</p> <p>Latitude: <u>34° 37' 42" N</u> Longitude: <u>90° 23' 54" W</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>SW 1/4 SW 1/4 Sec <u>19</u> Twn <u>5S</u> Rng <u>11W</u></p> <p>Distance Direction Nearest Town <u>2 1/2</u> Miles <u>S</u> of <u>FUNICA</u></p> |
|--|---|

Well / Borehole Data

Date drilling started: 4/17 Date drilling completed: 4/17 Hole depth: 113 Hole diameter: 22

Location of the source of any surface water used for drilling: 34° 38.82' N 090.24.56' W

Method of dosing and volume of Chlorine used in drilling and development: 1LB per 1000

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: 21 feet above or below (circle one) land surface Date measured: 4/18

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

Well depth: 113 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 73 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: 1030 inches Setting depth: From 73 feet to 113 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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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)

County: Tunica
Permit #: _____
Driller: _____
Date completed: _____

For Office Use Only:

Aquifer: _____
Well #: G-119
Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

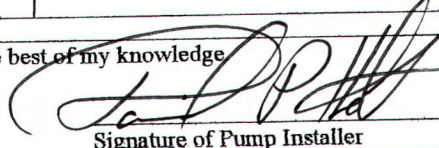
| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>LIMERICK FARMS</u> | Latitude: <u>34° 37' 70" N</u> Longitude: <u>090° 23' 59" W</u> |
| Mailing Address: <u>5722 Old HWY 61 South</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>TUNICA</u> <u>MS</u> <u>38676</u> City State Zip Code | ____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng ____ |
| Telephone No. <u>(662) 363-2446</u> | Distance Direction Nearest Town ____ Miles ____ of ____ |

| 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>70</u> |
| Date Pump Installed: <u>7/18/05</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>1600</u> Gallons Per Minute | Number of Stages: <u>Two</u> |

| 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>20</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 0-752 P
Print Name of Pump Installer and License No. (if applicable)


Signature of Pump Installer

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AUG 11 2005
BY: OLWR