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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: TUNICA  
 Permit #: GW40949  
 Driller: HOUSTON DRILLING  
 Date drilling completed: 4/17/05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: G-120  
 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><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Will Owen</u></p> <p>Mailing Address: <u>TUNICA MS</u>  <u>5722 Old Hwy 61 South</u>  <u>TUNICA MS 38676</u>          City State Zip Code</p> <p>Telephone No. (<u>662</u>) <u>363-9646</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>34° 37' 58"</u> Longitude: <u>90° 23' 27"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS</p> <p>USGS quad, <u>14S W</u> 1/4 Sec. <u>19</u> Twn <u>5S</u> Rng <u>11W</u></p> <p>NW Distance <u>24</u> Miles Direction <u>S</u> of Nearest Town <u>TUNICA</u></p>
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**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' 92W 090 24 56W

Method of dosing and volume of Chlorine used in drilling and development: 1 lb 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: 4/17

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: 0.30 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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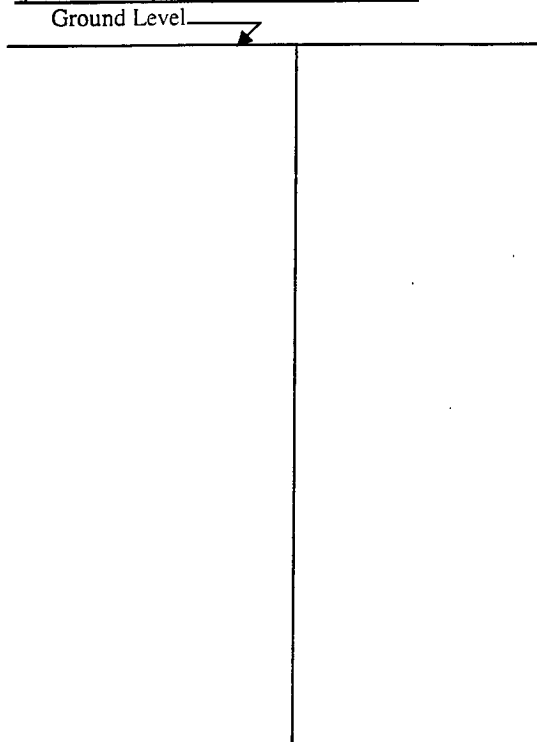
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G-120

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

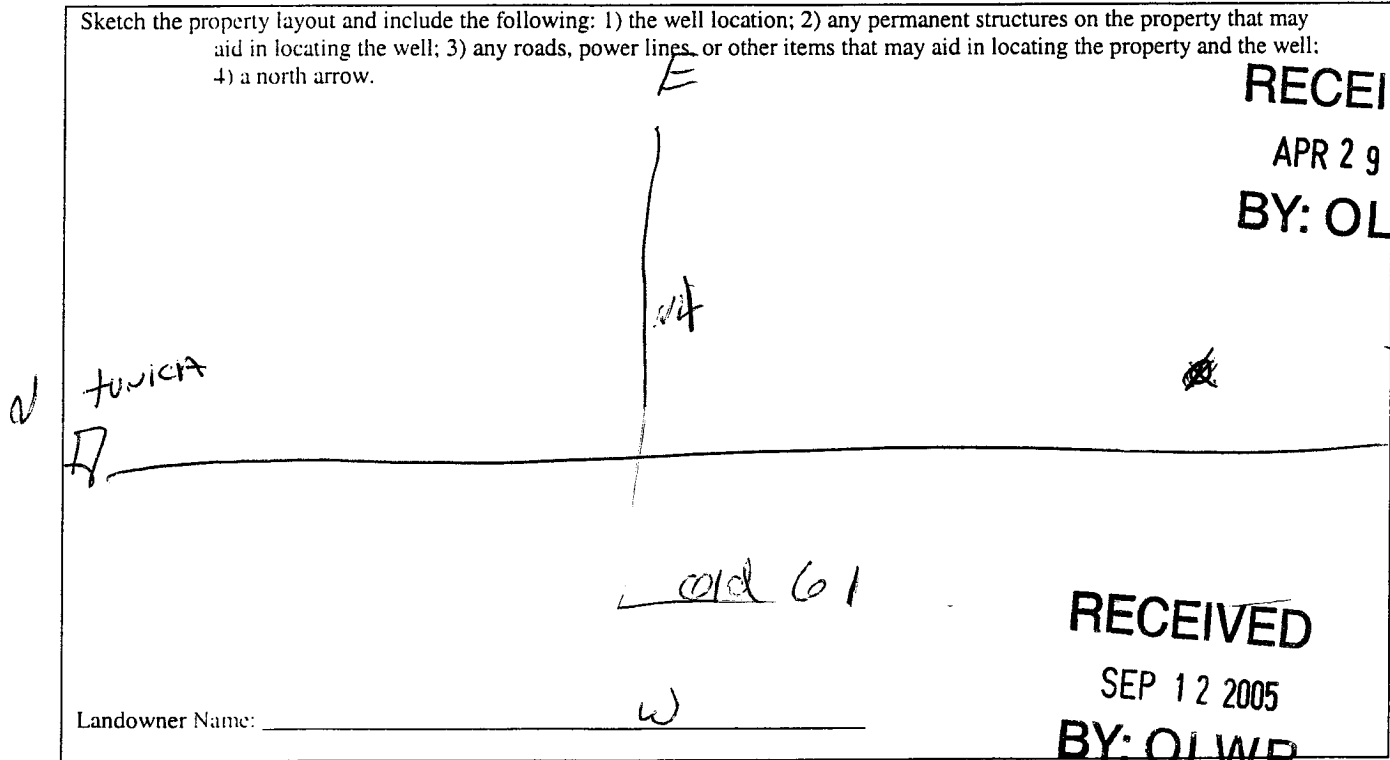
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground Level	
FINE SAND	0	13
COARSE SAND & GRAVEL	13	43
	43	113

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.



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 laws.

PAUL Powell 4135 4/26  
 Print Name of Responsible Licensee and License No. Date

Paul Powell RECEIVED  
 Signature of Licensee JUL 28 2005

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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-120  
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>34.37.97</u> Longitude: <u>090.23.46</u>
Mailing Address: <u>5722 Old HWY 141 South</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Tunica MS 38676</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>Twn</u> <u>Rng</u>
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>7/12/05</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 [Signature]  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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