

#1

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 #: GW40948
 Driller: HOUSTON DULLING
 Date drilling completed: 4/6/05

For Office Use Only:
 Aquifer: _____
 Well #: G-121
 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.

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|--|--|
| <p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>WILL OWEN</u> Mailing Address: <u>TUNICA MS</u> <u>5722 OLD HWY 61 SOUTH</u> <u>TUNICA MS 363-9646</u> City State Zip Code Telephone No. (<u>662</u>) <u>363-9646</u></p> | <p>Well or Borehole Location</p> <p>Latitude: <u>34° 38' 22" N</u> Longitude: <u>90° 23' 24" W</u> Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS USGS quad, <u>NE 1/4 NW 1/4 Sec 20 Twn 5S Rng 11W</u> Distance Direction Nearest Town <u>2</u> Miles <u>S</u> of <u>TUNICA</u></p> |
|--|--|

Well / Borehole Data

Date drilling started: 4/6/05 Date drilling completed: 4/6/05 Hole depth: 113 Hole diameter: 22
 Location of the source of any surface water used for drilling: 340 38.82N 090 24 56W
 Method of dosing and volume of Chlorine used in drilling and development: 113 gal 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: 20 feet above or below (circle one) land surface Date measured: 4/7
 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: 1.030 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-121
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° 38' 37"</u> Longitude: <u>090° 23' 34"</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> MS <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>7/12/05</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
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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