

State Well Report

Part 1

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 #: G-124
L. S. Elevation: _____
E-log #: _____

County: Tunica
Permit #: GW 41422
Driller: Alan Pyle of Tunica
Date drilling completed: _____

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>Shea Leatherman</u>	Latitude: <u>34° 40' 41.5"</u> Longitude: <u>090° 21' 30.5"</u>
Mailing Address: <u>P.O. Box 97</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>Robinsonville</u> MS <u>38664</u>	USGS quad: <u>SW 1/4 25</u> Sec <u>3</u> Twn <u>T5S</u> Rng <u>R11W</u>
City State Zip Code	Distance <u>1</u> Miles Direction <u>E</u> of Nearest Town <u>TUNICA</u>
Telephone No. () _____	

Well Data

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

Date well drilling started: 10-3-06 Date well drilling completed: 10-3-06

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 10-5-06

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

Hole depth: 118 ft Well depth: 117 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Benite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 59 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0050 inches Setting depth: From 60 feet to 117 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 PYLE 0674
Print Name of Water Well Contractor and License No.

Alan Pyle
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

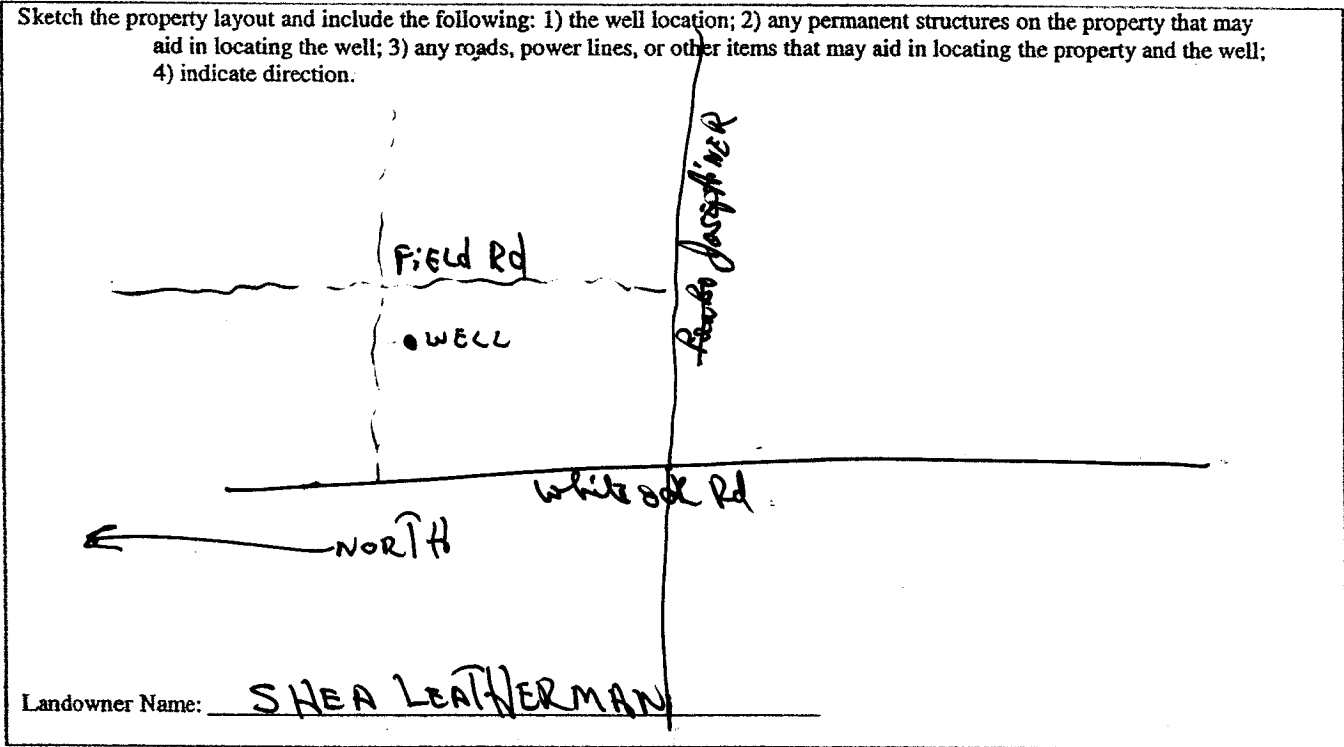
G-124

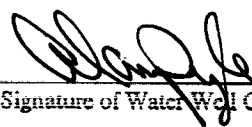
Ground Level 624422

Description of Formations Encountered	From	To
Clay	0	48
Sand w/ coarse gravel	48	58
Coarser sand + Gravel	58	118

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) indicate direction.




Signature of Water Well Contractor

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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)961-3210
 (601)354-6938 (fax)

County: TUNICA
 Permit #: 6W41422
 Driller: DELTA DRILLING of TUNICA
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: G-124
 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>SHER LEATHERMAN</u> Mailing Address: _____ _____ City State Zip Code Telephone No. () _____	Latitude: <u>34 40 41 S</u> Longitude: <u>090 21 33 W</u> <div style="text-align: center; margin-left: 100px;"> ²⁵ ¹⁹ </div> Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad. <u>Hand-held GPS</u> , Survey-grade GPS SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>3</u> Twn <u>T5S R12W</u> Distance Direction Nearest Town <u>1</u> Miles <u>E</u> of <u>TUNICA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: _____ Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>20 HP</u> Setting Depth: <u>55</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>18</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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]

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