

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 #: G-125
 L. S. Elevation: _____
 E-log #: _____

County: Tunica
 Permit #: GW 42040
 Driller: Delta Drilling of Tunica Inc
 Date drilling completed: 6-4-07

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>Mike Boyd</u>	Latitude: <u>34.36.077</u> Longitude: <u>90.22.378</u>
Mailing Address: <u>7320 Old Hwy 615</u>	Method of Lat/Long (circle one): Conventional Survey, <u>23</u>
<u>Dumbas MS 38626</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
City: _____ State: _____ Zip Code: _____	<u>NE 4 SW 4 Sec 31</u> Twn <u>5 S</u> Rng <u>11 W</u>
Telephone No. <u>(601) 363-0279</u>	NW Distance: <u>33</u> Miles Direction: <u>E</u> of Nearest Town: <u>Clayton</u>

Well Data

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

Date well drilling started: 6-4-07 Date well drilling completed: 6-4-07

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 6-21-07

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0032 inches Setting depth: From 80 feet to 120 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. Signature of Water Well Contractor

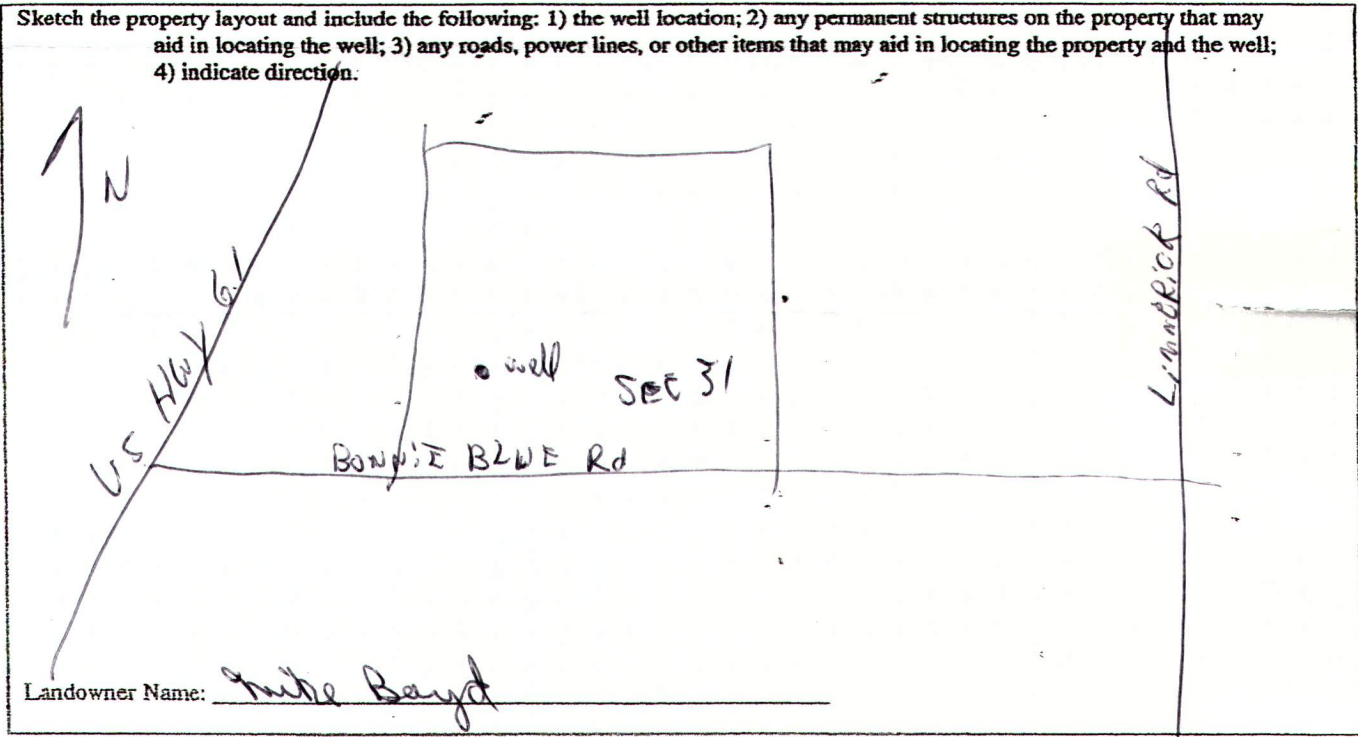
Pump to be set by - Printed Name
RECEIVED
 JUN 28 2007
 BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level 6W42040

Description of Formations Encountered	From	To
Joany Soil	0	48
Clay	48	68
Sand	68	75
Coarse Sand	75	100
Coarse Sand & Gravel	100	120

If more than one screen, show location of each on sketch



Signature of Water Well Contractor [Signature]

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