

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)

County: Tunica
 Permit #: GW42039
 Driller: Netto Drilling Tunica
 Date drilling completed: 6-27-07

For Office Use Only:
 Aquifer: _____
 Well #: G-127
 L.S. Elevation: _____
 E-log #: _____

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>Will Mclean Owen</u>	Latitude: <u>34° 36' 75"</u> Longitude: <u>90° 17' 99.55"</u>
Mailing Address: <u>5722 Old Hwy 615</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Tunica</u> <u>MS</u> <u>39176</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 26 Twn 5 S Rng 1 W</u>
Telephone No. <u>(662) 363 2446</u>	Distance <u>5</u> Miles <u>SE</u> Direction <u>35</u> of Nearest Town <u>Tunica</u>

Well Data

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

Date well drilling started: 6-27-07 Date well drilling completed: 6-27-07

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 6-30-07

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

Hole depth: 107 Well depth: 107 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 67 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 67 feet to 107 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.

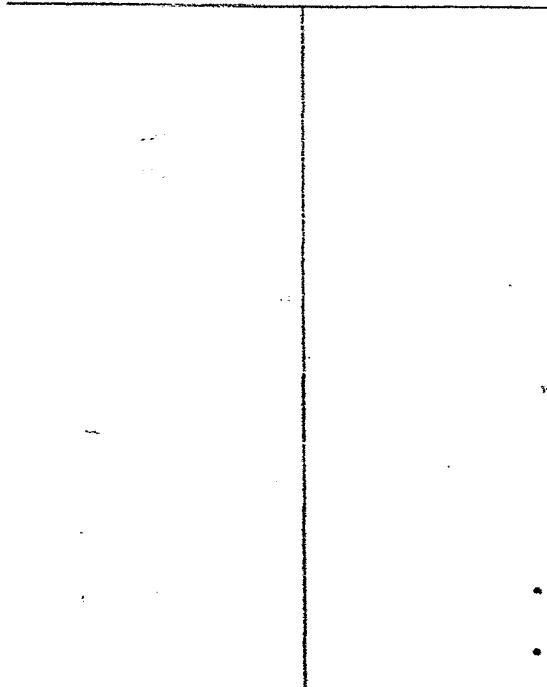
[Signature] RECEIVED
 Signature of Water Well Contractor
 JUN 28 2007

BY: OLWR

GW42039

If well telescopes please sketch below and show depths.

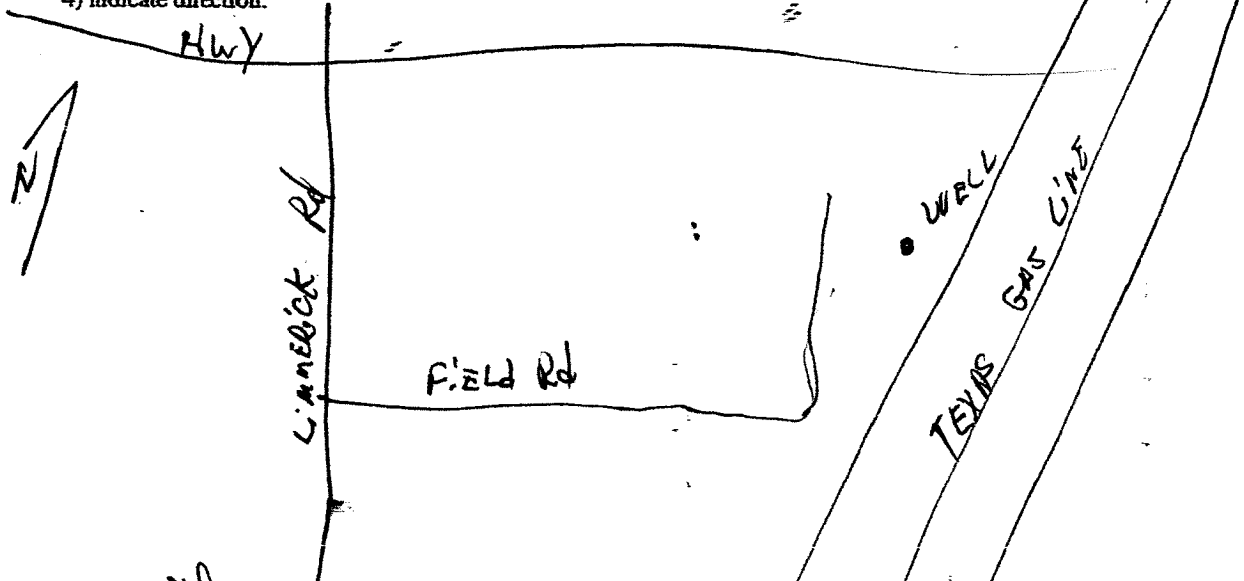
Ground Level



Description of Formations Encountered	From	To
Gravel	0	48
Clay + Sand mix	48	65
Fine Sand	65	78
Coarse Sand	78	90
Sand + Gravel	90	107

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.



Landowner Name: Will Owen

[Signature]
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)961-5210
 (601)354-6938 (fax)

County: Tunica
 Permit #: 60042039
 Driller: Walter Dilling Tunica
 Date completed: 5-30-07

For Office Use Only:

Aquifer: _____
 Well #: G-122
 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>well owners</u>	Latitude: <u>34 36 25</u> Longitude: <u>090 19 919</u>
Mailing Address: <u>5722 Old Hwy 615</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Tunica</u> MS <u>38676</u>	USGS quad: <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 26 Twn 55 Rng 11W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>5 Miles SE of TUNICA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>5-30-07</u>	Setting Depth: <u>60 ft</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ 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.

ALAN DYLE _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JUN 12 2007
 BY: OLWR