

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Tunica
Permit #: GW-44304 ✓
Driller: Delta Drilling of Tunica
Date drilling completed: 7-5-10

For Office Use Only:
Aquifer: _____
Well #: G129
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Bill Battle</u>	Latitude: <u>34° 38' 38.3"</u> Longitude: <u>90° 18' 40.1"</u>
Mailing Address: <u>Battle Fish Farms</u>	Method of Lat/Long (circle one): Conventional Survey, <u>23</u>
<u>5475 Hwy 4</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
<u>Tunica, Ms. 38676</u>	<u>NW</u> 1/4 <u>NE</u> 1/4 Sec <u>24</u> ✓ Twn <u>5S</u> ✓ Rng <u>11W</u> ✓
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 357-5004</u>	<u>4</u> Miles <u>SW</u> of <u>Tunica, Ms.</u>

Well / Borehole Data

Date drilling started: 7-5-10 Date drilling completed: 7-5-10 Hole depth: 100' Hole diameter: 30"

Location of the source of any surface water used for drilling: adjacent catfish pond

Method of dosing and volume of Chlorine used in drilling and development: 2 gallons bleach to every 3000 gallons

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: 26 feet above of below (circle one) land surface Date measured: 7-8-10

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

Well depth: 100' Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60' 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 60 feet to 100' feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

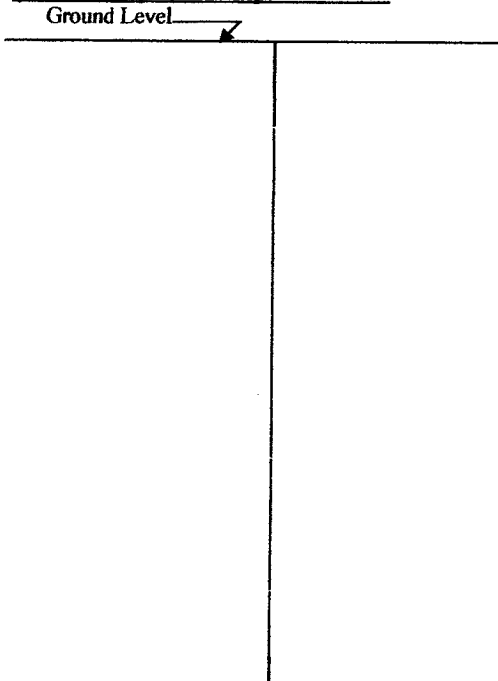
Top of lap pipe or reduction in casing: _____ feet. **If telescoped or more than one screen, describe on next page**

Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

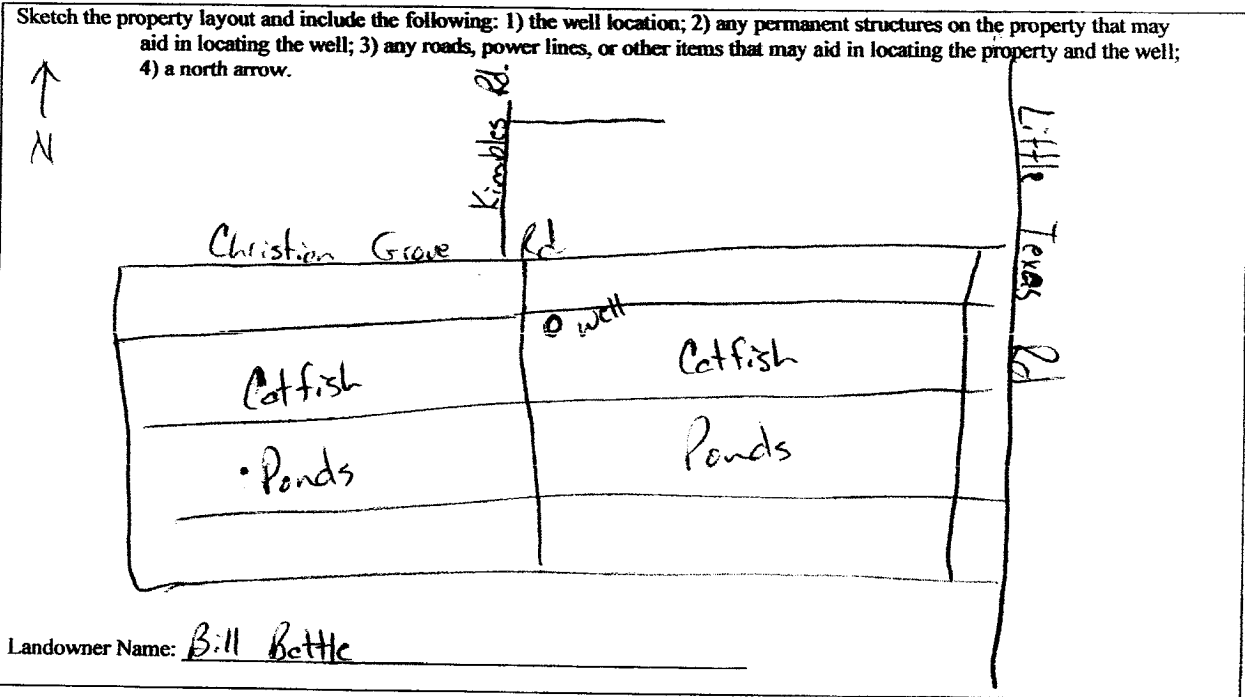
If well telescopes, show depths on sketch



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

Description of Formations Encountered	From (depth)	To (depth)
loamy soil	Ground Level	13
clay	14	34
clay / fine sand	35	41
Coarse sand & gravel	42	100

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



Form: OLWR-SWR-1A (04/08)

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.

Chris Shackley # 02521 7-13-10
Print Name of Responsible Licensee and License No. Date

[Signature]
Signature of Licensee

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: 6129
 Elevation: _____

County: Tunica
 Permit #: GW-44304
 Driller: Delta Drilling of Tunica
 Date completed: 7-8-10

Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Bill Bottle</u>	Latitude: <u>N34° 38.583'</u> Longitude: <u>W90° 18.601'</u>
Mailing Address: <u>Bottle Fish Farms</u> <u>5475 Hwy 4</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Tunica</u> <u>Ms.</u> <u>38676</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 24 T 5S R 11W</u>
Telephone No. <u>(662) 357-5004</u>	Distance <u>4</u> Miles <u>SW</u> of <u>Tunica, Ms.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-8-10</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>3,000</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
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	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Chris Snodden # 02561
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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