

County: Tunica  
 Permit #: GW40946  
 Owner: Delta Milling of Louisiana  
 Date drilling completed: 5-2-05

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:  
 Agency: \_\_\_\_\_  
 Well #: F-34  
 L. S. Number: G143  
 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>WILLOWENS</u>	Latitude: <u>N 34.39</u> - <u>58S</u> Longitude: <u>N 90.24</u> - <u>04W</u>
Mailing Address: <u>5722 Old Hwy 615</u>	Method of Lat/Long (circle one): <u>33</u> Conventional Survey, <u>02</u>
<u>TUNICA</u> MS <u>38476</u>	USGS quad: <u>Hand-held GPS, Survey-grade GPS</u> /
City State Zip Code	<u>SE</u> 1/4 <u>SW</u> 1/4 <u>SE</u> 1/4 <u>SW</u> 1/4 <u>SW</u> 1/4
Telephone No. (662) <u>363-2446</u>	Direction: <u>7</u> <u>SW</u> of <u>TUNICA MS</u>

Well Data

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

Date well drilling started: 5-2-05 Date well drilling completed: 5-2-05

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

Static Water Level: 17 feet above or below (circle one) land surface Date measured: 5-3-05

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

Raise depth: 100 Well depth: 99 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Reinforced Mix

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

Screen length: 216 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 50 inches Setting depth: From 60 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Unfinished Telescopic 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 Nuclear Other: VISUAL

Name of completion service (if any): \_\_\_\_\_

I certify that this 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 0694 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
 MAY 24 2005  
 BY: OLWA

If well telescopes please sketch below and show depths.

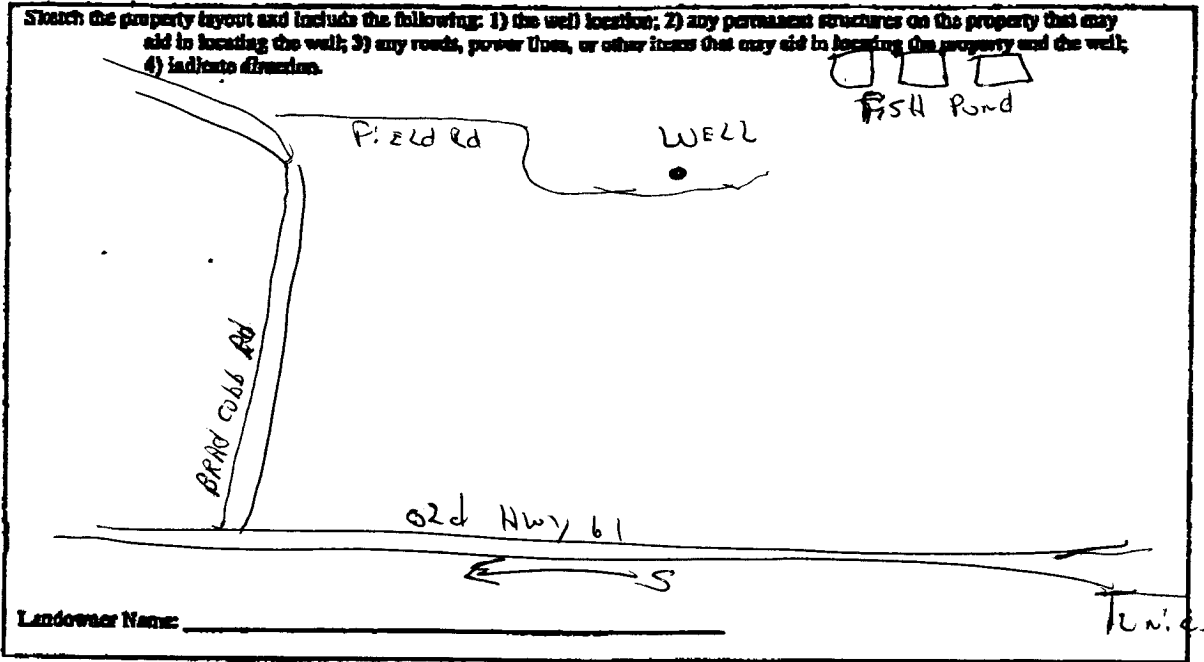
F-34

Ground Level

Large empty rectangular box for sketching the well location and depth.

Description of Formations Encountered	From	To
<del>CLAY</del>	0	SS
Sand & Gravel	SS	100

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



*[Signature]*  
Signature of Water Well Contractor

RECEIVED  
MAY 24 2005  
BY: OLWR

# STATE WELL REPORT

## Part 2

County: Tunica  
 Permit #: \_\_\_\_\_  
 Driller: Delta Drilling of Tunica  
 Date completed: 5-3-05

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)334-6938 (fax)

For Office Use Only:

Aquifer: 6143  
 Well #: F-34  
 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>WILL OWENS</u>	Latitude: <u>N34°39'55"</u> Longitude: <u>W90°24'04"</u>
Mailing Address: <u>5722-Old Hwy 615</u>	Method of Lat/Long (circle one): <u>33</u> Conventional Survey, <u>02</u>
<u>Tunica</u> MS <u>38776</u> City State Zip Code	USGS quad. Hand-held GPS, Survey-grade GPS <u>SE 1/4 NW 1/4 Sec 12 Twp 55S Rng 12W</u> Distance Direction <u>7</u> Nearest Town <u>11W</u> <u>1/2</u> Miles <u>SW</u> of <u>TUNICA</u>
Telephone No. <u>(662) 363-2446</u>	

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible Bucket      Piston <u>Turbine</u> Centrifugal      Rotary      Flowing Well Other (specify): _____ Date Pump Installed: <u>5-3-05</u> Rated Pump Capacity: <u>3000</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine      Natural Gas Electric Motor      Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>110</u> Setting Depth: <u>50</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>17</u> Feet Below Land Surface Pumping Water Level (B): <u>1</u> 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 <u>Steel Tape</u> 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.

ALAN PYLE Delta Drilling  
 Print Name of Pump Installer and License No. (if applicable)

Alan Pyle  
 Signature of Pump Installer

RECEIVED  
 MAY 24 2005  
 BY: OLWR