

County: Tunica  
 Permit #: AW 40294  
 Driller: Walt Hill of Tunica  
 Date drilling completed: 6-1-05

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 #: H-32  
 L. S. Elevator: \_\_\_\_\_  
 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 Owens</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>5722 Old Heights</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey		
<u>Tunica MS 38676</u>	<input checked="" type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS		
City: _____ State: _____ Zip Code: _____	<u>4 Sec 122</u> <u>55</u> <u>10W</u>		
Telephone No. <u>(662) 363 2446</u>	Distance: <u>2</u> Miles	Direction: <u>West</u>	Nearest Town: <u>SAVAGE MS</u>
Well Data			
Purpose of Well (circle one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____			
Date well drilling started: <u>6-1-05</u>		Date well drilling completed: <u>6-1-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe): _____			
Static Water Level: <u>18</u> feet above or below (circle one) land surface		Date measured: <u>6-4-05</u>	
Method of Measurement (circle one): <input checked="" type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: _____			
Hole depth: <u>100</u>	Well depth: <u>100</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix _____			
Casing length: <u>60</u> feet	Casing diameter: <u>16</u> inches	Type of casing: <u>PVC</u>	
Screens length: <u>10</u> feet	Screen diameter: <u>16</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>50</u> inches Setting depth: From <u>60</u> feet to <u>100</u> feet			
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescopes <input type="checkbox"/> Open hole <input type="checkbox"/> 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 <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____			
Name of organization running logs: _____			
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.			
<u>ALAN PYLE - 0674</u>		<u>Alan Pyle</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

If well telescopes please sketch below and show depths.

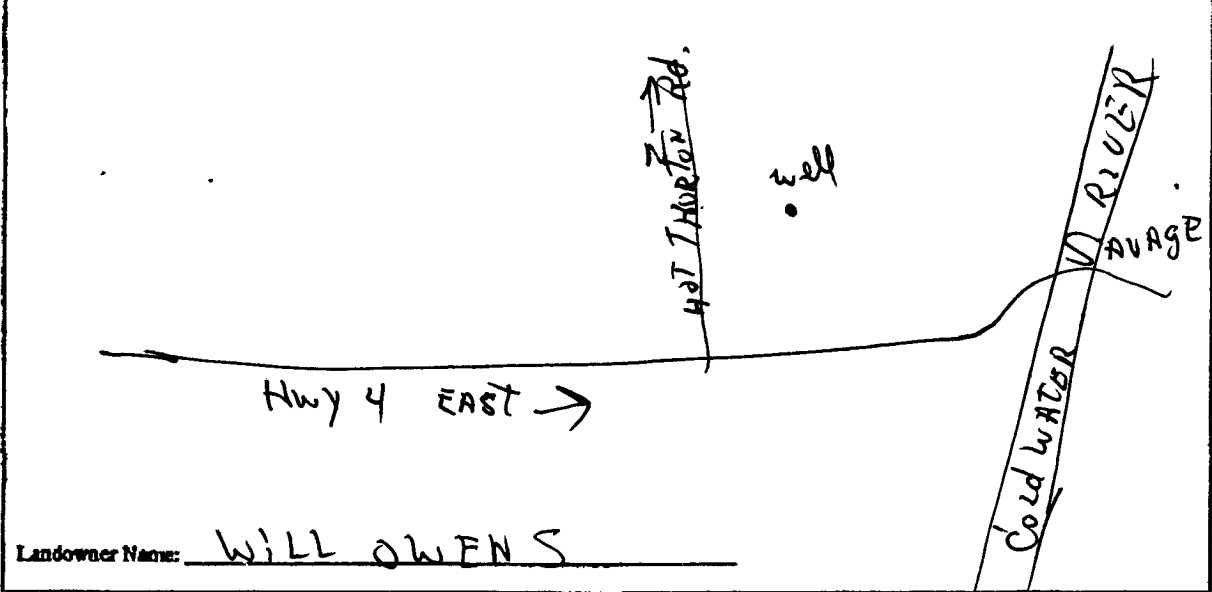
Ground Level 6W40294

H-32

Description of Formations Encountered	From	To
Clay + Gravel	5	50
Sand Gravel	50	65
Gravel Sed + Gravel	65	100

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 OWENS

[Signature]  
Signature of Water Well Contractor

JUN 21 2011  
BY: C. W.

# 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 #: GW40294  
Driller: Delta Drilling Service  
Date completed: 6-1-05

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: H-32  
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.

JUN 23 2005  
BY: OL...

Well Owner Information	Well Location
Owner Name: <u>H.W. Myers</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Same as part 1</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	NW 1/4 SE 1/4 Sec. <u>15</u> Twn. <u>5S</u> Rng. <u>10W</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>SW</u> of <u>Savage MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>90</u>
Date Pump Installed: <u>6-4-05</u>	Setting Depth: <u>60</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 <u>Steel Tape</u>
Static Water Level (A): <u>18</u> 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 DYER \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer