

# 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 #: H-33  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Tunica  
Permit #: GW 40976  
Driller: Delta Drilling Tunica  
Date drilling completed: 4-11-06

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>Balth Azma</u>	Latitude: <u>N 34° 37' 879</u> Longitude: <u>W 090° 14' 810</u>
Mailing Address: <u>5475 Hwy 4</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Tunica</u> ms <u>38676</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 22 Twn 5 S Rng 10 W</u>
Telephone No.: <u>(662) - 363-2445</u>	Distance Direction Nearest Town
	<u>8</u> Miles <u>E</u> of <u>TUNICA</u>

### Well Data

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

Date well drilling started: 4-11-06 Date well drilling completed: 4-11-06

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 4-14-06

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): 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: .0032 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 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

*Alan Pyle*

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED  
APR 19 2006  
BY: OLWR

If well telescopes please sketch below and show depths.

H-33

Ground Level 40976

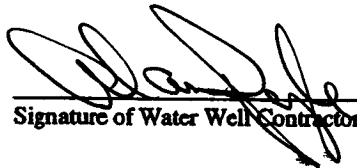
Description of Formations Encountered	From	To
CLAY	0	40
Thin sand	40	60
Coarse Sand + Rocks	60	100

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.

RECEIVED  
APR 19 2006  
BY: OLWR

Landowner Name: Beth Ann

  
 \_\_\_\_\_  
 Signature of Water Well Contractor

# 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 #: GW40976  
 Driller: Betha Drilling  
 Date completed: 4-14-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: H-33  
 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.

<p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>Betha Jones #1</u>                  Mailing Address: <u>Same as 5475 Hwy 4</u>  <u>Tunica MS 38676</u>                  City State Zip Code                  Telephone No. ( ) _____</p>	<p style="text-align: center;"><b>Well Location</b></p> <p>Latitude: <u>34 39 875</u> Longitude: <u>090 14 910</u>                  Method of Lat/Long (circle one): <u>Conventional Survey</u>                  USGS quad, Hand-held GPS, Survey-grade GPS  <u>SE 4 SW 4 Sec 22 Twn 5 S Rng 10 W</u>                  Distance Direction Nearest Town  <u>8</u> Miles <u>E</u> of <u>TUNICA</u></p>
---	--

<p style="text-align: center;"><b>Pump Type</b> Circle one</p> <p>Air Lift      Jet      Submersible                  Bucket      Piston      <u>Turbine</u>                  Centrifugal      Rotary      Flowing Well                  Other (specify): _____                  Date Pump Installed: <u>4-14-06</u>                  Rated Pump Capacity: <u>1500</u> Gallons Per Minute</p>	<p style="text-align: center;"><b>Power Type</b> Circle one</p> <p>Diesel Engine      Gasoline Engine      Natural Gas                  Electric Motor      Hand      Tractor PTO                  Windmill      Other (specify): _____                  Horse Power Rating of Motor: <u>100 HP</u>                  Setting Depth: <u>50 ft</u>                  Number of Stages: <u>3</u></p>
---	--

**RECEIVED**  
APR 19 2006

<p style="text-align: center;"><b>Pump Test Data</b></p> <p>Date Well Tested: _____                  Static Water Level (A): <u>19</u> Feet Below Land Surface                  Pumping Water Level (B): _____ 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</p>	<p style="text-align: center;"><b>Method of Measuring Water Level</b> Circle one</p> <p>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</p>
--	--

**BY: OLWR**

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

ALAN PYLE      *Alan Pyle*  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer