

County: Tunica  
 Permit #: 6W41413  
 Driller: Pete's Well Drilling  
 Date drilling completed: 11-20-06

### Well Driller Report and Well Log

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-35  
 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>Jim Kellon</u>	Latitude: <u>34° 40' 23"</u> Longitude: <u>90° 14' 17.5"</u>
Mailing Address: <u>648 Old Dan Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>South Haven</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>MS 38672</u>	<u>NE 1/4 NW 1/4 Sec 10</u> Twn <u>5S</u> Rng <u>10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 429 5119</u>	<u>3/4</u> Miles <u>W</u> of <u>Dooly</u>

**Well Data**

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

Date well drilling started: 11-20-06 Date well drilling completed: 11-20-06

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

Static Water Level: 17 feet above or below (circle one) land surface Date measured: 11-20-06

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

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 10 inches Type of casing: PUC

Screen length: 40 feet Screen diameter: 10" inches Type of screen: PUC

Screen slot size: 0.50 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: \_\_\_\_\_

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.

Pete's Well Drilling Pete Serrano RECEIVED  
 Print Name of Water Well Contractor and License No. 0430 Signature of Water Well Contractor DEC 12 2006

If well telescopes please sketch below and show depths.

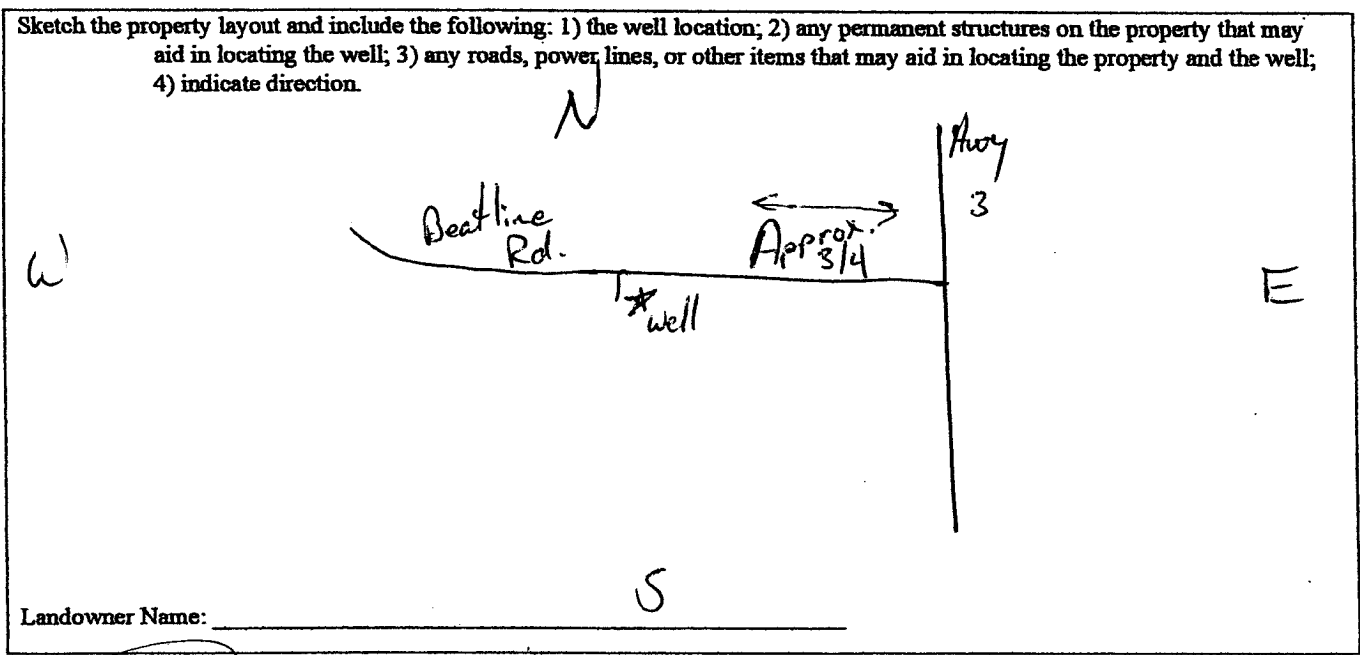
BY: OLWR

H-35

Ground Level GW 41413

Description of Formations Encountered	From	To
CLAY	0	30
COARSE SAND & GRAVEL	30	100

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



Landowner Name: \_\_\_\_\_

Pete Surpurg  
Signature of Water Well Contractor

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DEC 12 2006  
BY: OLWR

# 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: \_\_\_\_\_  
Permit # 6W41413  
Driller: \_\_\_\_\_  
Date completed: \_\_\_\_\_

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: H-35  
Elevation: \_\_\_\_\_

**This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.**

Well Owner Information	Well Location
Owner Name: <u>Jim Killion</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1648 Old Dan Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>SOUTH HEAVEN MS 38072</u>	_____ 1/4 _____ 1/4 Sec <u>10</u> Twn <u>55</u> Rng <u>10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>663 429 5119</u>	<u>3/4</u> Miles <u>N</u> of <u>Dooly</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>11-21-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1000</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): <u>110</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>Test</u> 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.

Pete's Well Drilling  
Print Name of Pump Installer and License No. (if applicable)

Pete's Well Drilling  
Signature of Pump Installer

**RECEIVED**  
DEC 12 2006  
BY: OLWR