

State Well Report

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:

Aquifer: _____
Well #: J-107
L. S. Elevation: _____
E-log #: _____

County: Tunica
Permit #: GW42155
Driller: Delta Drilling of Tunica
Date drilling completed: 12-12-07

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>Tommy Sides</u>	Latitude: <u>34° 32' 86"</u> Longitude: <u>90° 28' 756"</u>
Mailing Address: <u>5395 Dundee Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Dundee</u> MS <u>38626</u>	USGS quad, <u>NE 1/4 SW 1/4 Sec 1</u> Twn <u>68</u> Rng <u>12 W</u>
City State Zip Code	SW NW Distance Direction Nearest Town
Telephone No. <u>(662) 363-2783</u>	<u>2</u> Miles <u>NW</u> of <u>Dundee MS</u>

Well Data

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

Date well drilling started: 12-12-07 Date well drilling completed: 12-12-07

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 12-17-07

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: .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 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
Print Name of Water Well Contractor and License No.

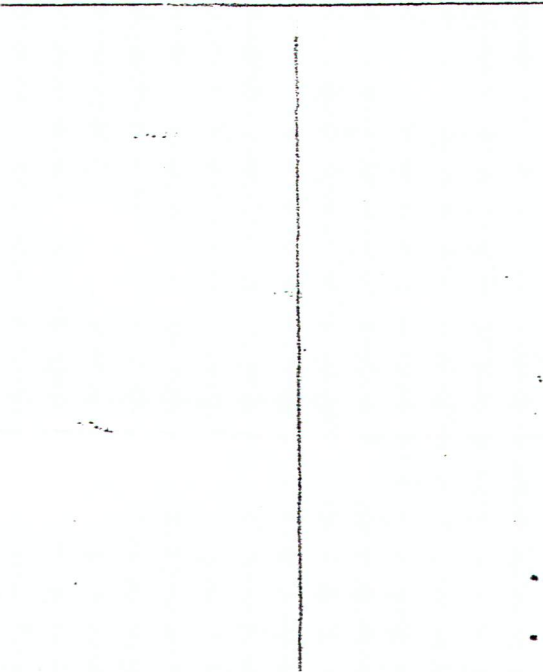
[Signature]
Signature of Water Well Contractor

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BY: OLWR

J-107

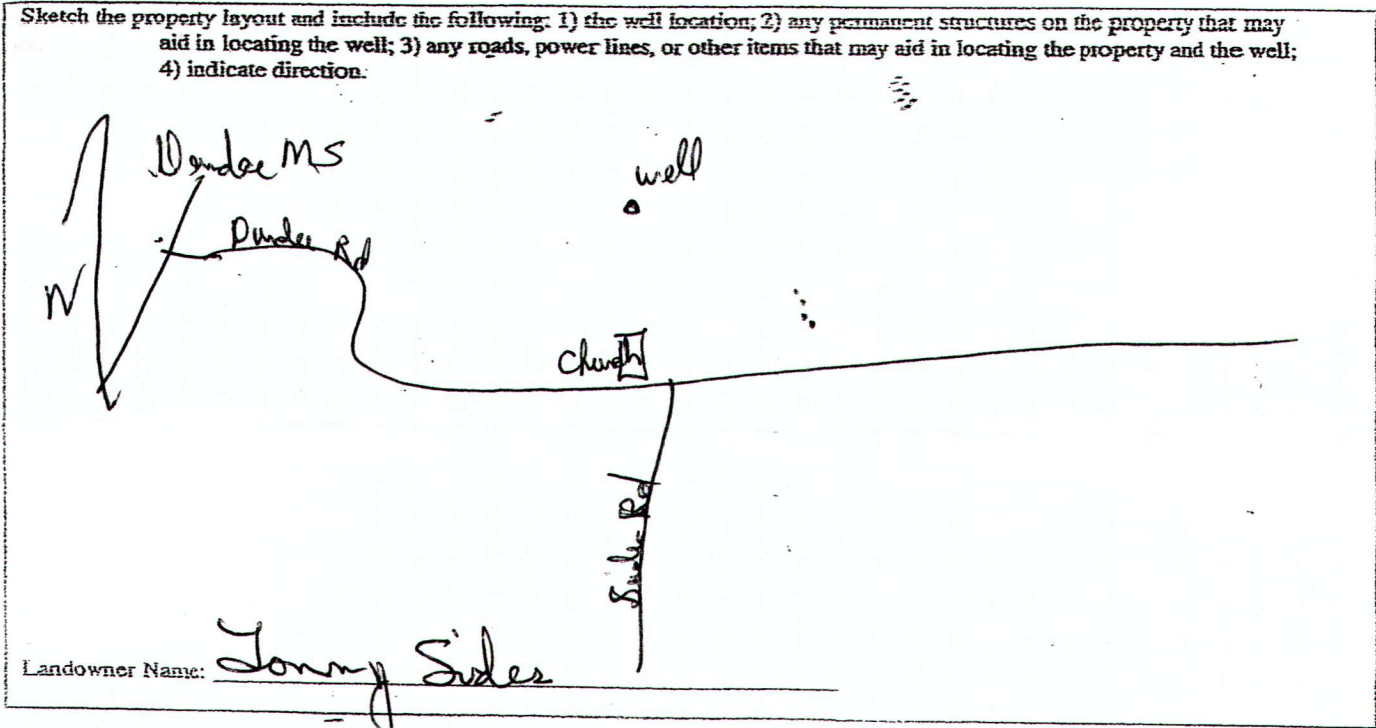
If well telescopes please sketch below and show center

Ground Level



Description of Formations Encountered	From	To
Lean Sand	0	48
Fine Sand	45	60
Coarse Sand & Gravel	60	100

If more than one screen show location of each on sketch



Signature of Water Well Contractor

[Handwritten Signature]

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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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: J-107
Elevation: _____

County: Tunica
Permit #: _____
Driller: Delta Drilling
Date completed: 12-17-07

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>Tommy Sides</u>	Latitude: <u>34 32 861</u> Longitude: <u>090 28 756</u>
Mailing Address: <u>5395 Dundee Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Dundee</u> MS <u>39626</u>	USGS quad <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4</u> <u>5th</u> <u>1/4</u> Sec <u>21</u> Twn <u>68</u> Rng <u>2W</u>
Telephone No. <u>662 363 2783</u>	Distance Direction Nearest Town <u>2</u> Miles <u>NW</u> of <u>Dundee</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100 HP</u>
Date Pump Installed: <u>12-17-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<u>Air Line</u> Electric Measuring Line Steel Tape
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 _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

ALAN PYLD _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
JAN 09 2008
BY: OLWR