

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 #: K-38
L. S. Elevation: _____
E-log #: _____

County: Tunica
Permit #: GW 41090
Driller: Delta Drilling of Tunica
Date drilling completed: 6-2-06

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

Owner Name: BILLY PEGRAM
Mailing Address: 6420
CRENSHAW Rd
Tunica MS 38676
City State Zip Code
Telephone No. (601) 363-1076

Well Location

Latitude: 34° 31' 38.23" Longitude: 090° 21' 01.00"
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 NW 1/4 Sec 34 Twn 6 S Rng 11 W
Distance 6.2 Miles East Direction of DUNDIE Nearest Town MS.

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 6-2-06 Date well drilling completed: 6-2-06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 19 feet above or below (circle one) land surface Date measured: 6-3-06
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: 0.050 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.

Alan Pyle

Signature of Water Well Contractor

RECEIVED
JUN 16 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: Tunica
 Permit #: 6W41090
 Driller: D. P. Pyle
 Date completed: 6-3-06

For Office Use Only:
 Aquifer: _____
 Well #: K-38
 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>Billy Pagra</u> | Latitude: <u>34° 31' 38.6" N</u> Longitude: <u>90° 21' 01.0" W</u> |
| Mailing Address: <u>6420</u> <u>Clemson Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Tunica</u> MS <u>38376</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 NW 1/4 Sec 34 Twn 6 S Rng 11 W</u> |
| Telephone No. <u>(662) 363 1076</u> | Distance Direction Nearest Town <u>6 1/2 Miles East of 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</u> |
| Date Pump Installed: <u>6-3-06</u> | Setting Depth: <u>62</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 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 _____ 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 PYLE Print Name of Pump Installer and License No. (if applicable)

[Signature] Signature of Pump Installer

RECEIVED
 JUN 16 2006
 BY: OLWR