

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-39
L. S. Elevation: _____
E-log #: _____

County: Wicoma
Permit #: 6W41089
Driller: Alton Pyle of Zeico
Date drilling completed: 6-4-06

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>Bill Pagan</u>	Latitude: <u>34.31</u> . <u>143</u> Longitude: <u>090.21</u> . <u>011</u> "
Mailing Address: <u>6420</u> <u>Crenshaw Rd</u>	Method of Lat/Long (circle one): <u>00</u> Conventional Survey, <u>00</u>
<u>Tunica</u> <u>MS</u> <u>38676</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4</u> Sec <u>34</u> Twn <u>65</u> Rng <u>11 W</u>
Telephone No. <u>662 363 1076</u>	Distance Direction Nearest Town <u>5 1/2</u> Miles <u>East</u> of <u>Dumee</u>

Well Data

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

Date well drilling started: 6-4-06 Date well drilling completed: _____

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 6-5-06

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: 0050 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

RECEIVED
JUN 16 2006
BY: OLWR

If well telescopes please sketch below and show depths.

K-39

Ground Level

GW 41089

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Loam Soil	0	42
Sand	42	60
Coarse Sand + gravel	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.



Landowner Name:

Billy Pagan

[Signature]

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)

For Office Use Only:

Aquifer: _____

Well #: K-39

Elevation: _____

County: Tunica
 Permit #: OW 41089
 Driller: Delta Drilling Service
 Date completed: 6-5-06

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 Pagan</u>	Latitude: <u>34 31 143</u> Longitude: <u>090 21 011</u>
Mailing Address: <u>6420</u> <u>Crenshaw Rd</u> <u>Tunica MS 38676</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SW 1/4 Sec 34 Twn 6S Rng 11W</u>
Telephone No. <u>(662) 363 1076</u>	Distance: <u>5 1/2</u> Miles Direction: <u>East</u> of Nearest Town: <u>Dundee</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>6-6-06</u> Rated Pump Capacity: <u>3000</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1000</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>21</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	Air Line Electric Measuring Line Steel-Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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 of Pump Installer

RECEIVED
 JUN 16 2006
 BY: OLWR