

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Tunica
Permit #: GW-45465
Driller: Delta Drilling of Tunica
Date drilling completed: 3-29-12

For Office Use Only:

Aquifer: _____
Well #: K69
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Will Owen Sr.</u>	Latitude: <u>N34° 31' 31"</u> Longitude: <u>W90° 21' 17"</u> <u>34-32-35</u> <u>90-21-03</u>
Mailing Address: _____ <u>1100 Evansville Cove</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Tunica</u> <u>Ms.</u> <u>38676</u>	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>22</u> Twn <u>65</u> Rng <u>11W</u>
City State Zip Code	Distance Direction Nearest Town <u>5</u> Miles <u>East</u> of <u>Dundee, Ms.</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 3-29-12 Date drilling completed: 3-29-12 Hole depth: 100' Hole diameter: 27"

Location of the source of any surface water used for drilling: ditch right next to well
Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 23 feet above below (circle one) land surface Date measured: 4-3-12

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 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 next page**

Form: OLWR-SWR-1A (04/08)

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Tunica
 Permit #: GW-45465
 Driller: Delta Drilling of Tunica
 Date completed: 4-3-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K69
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Will Owen Jr.</u>	Latitude: N 34° 31' 914" <u>34° 32' 35"</u> Longitude: W 90° 21' 181" <u>90° 21' 03"</u>
Mailing Address: <u>1100 Evansville Cove</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Tunica</u> <u>Ms.</u> <u>38676</u> City State Zip Code	<u>NE 1/4 SW 1/4 Sec 22 T 6S R 11W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>5 Miles East of Osprey, Ms.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>4-3-12</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1200</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 <u>Steel Tape</u> <input checked="" type="checkbox"/>
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.

Chris Shockley # 2561 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 MAY 17 2012
 BY: OLWR

Form: OLWR-SWR-1B (04/08)

NE
#4

STATE OF MISSISSIPPI
Department of Environmental Quality
Office of Land and Water Resources
P. O. Box 2309
Jackson, Mississippi 39225

K69

PERMIT

TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS

This permit is issued to the landowner named below in accordance with the provisions of the Mississippi Water Laws, Mississippi Code Sections 51-3-1, et seq. (1972, as amended), and the regulations and standards as promulgated thereunder. Whether or not specifically named in this permit or in the applications for this permit, anyone using water from the diversion/withdrawal point described below shall do so in compliance with the provisions of this permit. Neither this permit, nor any authority conferred hereby, may be sold, conveyed, encumbered, assigned, or otherwise aliened, for any period of time or under any conditions whatsoever. This permit may not be modified, transferred or revoked without prior action by the Permit Board. Any attempts to modify, transfer or revoke this permit, or to take any other action on this permit, shall be invalid and unenforceable and may result in immediate revocation or suspension of this permit. The holder of this permit shall at all times be responsible for adherence to the terms and conditions of this permit. No agreement between the permit holder and any other party shall affect the obligations and liabilities of the permit holder. Water use under this permit is allowed only when the streamflow, lake level elevation, or static groundwater level (whichever, if any, is applicable) is above the established minimum, pursuant to Mississippi Code Section 51-3-7. Authorization is hereby granted to divert/withdraw water for the beneficial use designated herein, and for no other purpose, subject to the following terms, conditions, and limitations:

Permit Number: MS-GW-45465

Landowner Name: OWEN JR, WILL

Landowner Address: 1100 EVANSVILLE COVE
TUNICA MS 38676

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: MS 1/4 of the SW 1/4 **Section:** 22 **Township:** 06S **Range:** 11W

County: TUNICA

Quad: WALNUT LAKE

Maximum Volume: 90 Acre-Foot/Year *equivalent to* .0803 Million Gallons/Day

Maximum Rate: 1200 Gallons/minute

Applicant Name: OWEN JR, WILL

Applicant Address: 1100 EVANSVILLE COVE
TUNICA MS 38676

Date Permit Issued: 11/09/2011

Date Permit Expires: 11/09/2016

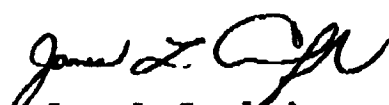
Date Permit Modified:

Date Permit Re-issued:

This permit shall be deemed null and void if construction has not begun within one (1) year of permit issue date

SPECIAL TERMS AND CONDITIONS: SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.

SPECIAL TERMS AND CONDITIONS 2:


James L. Crawford
Office Director

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