

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 #: M-17 143
 L. S. Elevation: _____
 E-log #: _____

County: TUNICA
 Permit #: GW40931
 Driller: Delta Drilling of Tunica
 Date drilling completed: 9-3-04

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>UAN WATSON FARMS</u> | Latitude: <u>34° 28' 21" N</u> Longitude: <u>90° 25' 29" W</u> |
| Mailing Address: <u>P.O. Box 26</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>DUNDEE MS 38126</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>NW 1/4 SE 1/4 Sec 13 Twn 7S Rng 12W</u> |
| Telephone No. <u>(662)</u> | Distance Direction Nearest Town |
| | <u>5 Miles EAST of LULA MS</u> |

Well Data

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

Date well drilling started: 9-3-04 Date well drilling completed: 9-3-04

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 9-7-04

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

Hole depth: 95 ft Well depth: 90 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 16 inches Type of screen: SLOTTED STEEL

Screen slot size: 2/0 inches Setting depth: From 50 feet to 90 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: Drillers Visual

Name of organization running log(s): _____

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 BY: OLWR

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.

DELTA DRILLING OF TUNICA INC. _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 #: _____
 Driller: DELTA DRILLING OF TUNICA
 Date completed: 9-3-04

For Office Use Only:

Aquifer: _____
 Well #: M-17
 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>VAN WASTED FARMS</u> | Latitude: <u>N 34.28 20'</u> Longitude: <u>W 090 25, 294'</u> |
| Mailing Address: <u>P.O. Box 26</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>1</u> | USGS quad <u>Hand-held GPS</u> Survey-grade GPS |
| <u>DUNDEE</u> MS <u>38626</u> | <u>NW 1/4 SE 1/4 Sec 13 Twn 75 Rng 13W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(662)-560-5866</u> | <u>5</u> Miles <u>EAST</u> of <u>ZULA MS</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift Jet Submersible | <input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input checked="" type="radio"/> Turbine | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>110</u> |
| Date Pump Installed: <u>9-7-04</u> | Setting Depth: <u>60</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 <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): <u>22</u> 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 PYLE DELTA DRILLING OF TUNICA _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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