

County: Tunica
 Permit #: OW 40441
 Driller: Delto Drilling Tunica
 Date drilling completed: _____

Part I
 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-19
 L. S. Elevator: _____
 E-log #: _____

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>RODGER JOHNSON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>760 Rd Hwy 61 N</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>LULA MS 38671</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 14 NE 14 Sec 8 Twp 25 Rng 12 W</u>
Telephone No. <u>(662) 337-2330</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>3 Miles NW of LULA</u>
Well Data	
Purpose of Well (circle one): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
Date well drilling started: <u>6-20-05</u> Date well drilling completed: <u>6-20-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe): _____	
Static Water Level: <u>25</u> feet above or below (circle one) land surface Date measured: <u>6-22-05</u>	
Method of Measurements (circle one): <input checked="" type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: _____	
Hole depth: <u>132</u> Well depth: <u>132</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>80</u> feet Casing diameter: <u>16"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>52</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>0050</u> inches Setting depth: From <u>80</u> feet to <u>132</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packing <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescopes <input type="checkbox"/> Open hole <input type="checkbox"/> 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): <input type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
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.	
<u>ALAN PYLE 0674</u>	<u>Alan Pyle</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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 JUL 08 2005
 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)334-6938 (fax)

County: Tunica
 Permit #: _____
 Driller: Delta Drilling Tunica
 Date completed: 6-22-05

For Office Use Only:

Aquifer: _____
 Well #: M-19
 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>Rodger Johnson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>760 Old Hwy 61 N</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>LULA MS 38811</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 8 Twn 7 S Rng 12 W</u>
Telephone No. <u>(601) 337-2330</u>	Distance Direction Nearest Town <u>3 Miles NW of LULA MS</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>120</u>
Date Pump Installed: <u>6-22-05</u>	Setting Depth: <u>60 FT</u> feet
Rated Pump Capacity: <u>5000</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): <u>25</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 _____ 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 of Pump Installer

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Company: Delta Drilling
 Permit #: 66-4044
 Driller: Delta Drilling
 Date drilling completed: _____

Part 1
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39219-0631
 (601)761-3210
 (601)254-6928 (fax)

For Office Use Only
 Applicant: _____
 Well #: M-19
 Lic. #/Division: _____
 Log #: _____

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>RODGER JOHNSON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>760 Rd Hwy 61 N</u>	Method of Lat/Long (circle one): <u>Curvilinear Survey</u>
<u>LULA MS 3867</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 Sec 8 Twp 9S Rng 12W</u>
Telephone No. <u>(662) 337-2330</u>	Distance _____ Direction <u>NW</u> of <u>LULA</u>

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Well Data

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

Date well drilling started: 6-20-05 Date well drilling completed: 6-20-05

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 6-20-05

Method of measurement (circle one) and tape electric tape air line other: _____

Well depth: 132 Well casing depth: 132 Well grout to a depth of 10 feet

Type of pump (circle one): Concrete Bearings Mfr _____

Casing length: 80 feet Casing diameter: 16" inches Type of casing: PVC

Screen length: 52 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.050 inches Setting depth: From 80 feet to 132 feet

Type of completion (circle all applicable): Gravel pack Underreamed Telescopic 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 Geomagnetic Densitometry Sonic Neutron Other: _____

Name of organization retaining log file: _____

6-20-05 JUL - 6 2005
 JOINT WATER MANAGEMENT DISTRICT

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.

Print Name of Water Well Contractor and License No. ALAN PYLE 0674 Signature of Water Well Contractor Alan Pyle

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