

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 #: L-24
L. S. Elevation: _____
E-log #: _____

County: Tunica
Permit #: 6W42154
Driller: Delta Drilling Tunica
Date drilling completed: 9-5-07

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>Kevin Ward</u>	Latitude: <u>34° 32' 16"</u> Longitude: <u>90° 14' 69"</u>
Mailing Address: <u>1340 Little Japan Rd Tunica MS 38676</u>	Method of Lat/Long (circle one): Conventional Survey, <u>10</u> <u>42</u>
Telephone No. <u>601 827-3897</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>22</u> Twn <u>6S</u> Rng <u>10W</u>
	Distance <u>12</u> Miles Direction <u>SE</u> of Nearest Town <u>TUNICA</u>

Well Data

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

Date well drilling started: 9-5-07 Date well drilling completed: 9-5-07

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

Static Water Level: 17 feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape electric tape air line other: 9-7-07

Hole depth: 100 Well depth: 90 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: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .032 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: General

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

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SEP 27 2007
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 #: 6W42154
 Driller: Nelto Dulliz
 Date completed: 9-8-07

Per Office Use Only:

Aquifer: _____
 Well #: L-24
 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>Kevin Ward</u> Mailing Address: <u>1340 Little Texas Rd Tunica MS 38676</u> <small>City State Zip Code</small> Telephone No: <u>601, 827-3897</u>	Latitude: <u>3432164</u> Longitude: <u>090-14699</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Conventional Survey, USGS quad, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 21 Twn 6 S Rng 10 W</u> Distance Direction Nearest Town <u>12 miles SE of Tunica</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>9-8-07</u> Rated Pump Capacity: <u>2000</u> Gallons Per Minute	<u>Diesel Engine</u> <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>80</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ 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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> 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

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 SEP 27 2007
 BY OLWR