

State Well Report

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 #: L-28
L. S. Elevation: _____
E-log #: _____

County: Tunica
Permit #: GW42620
Driller: Delta Drilling of Tunica Inc.
Date drilling completed: 8-14-08

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

Owner Name: Roger Davis
Mailing Address: 10063 Arkabutla Rd
Coldwater, Ms. 38618
City State Zip Code
Telephone No. (662) 357-5131

Well Location

Latitude: N34° 33' 37.8" Longitude: W89° 17' 9.26"
23 56
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 SW 1/4 Sec. 18 ✓ Twn 6S ✓ Rng 10W
Distance Direction Nearest Town
7 Miles NE of Dundee, Ms.

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 8-14-08 Date well drilling completed: 8-14-08
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 21 feet above or below (circle one) land surface Date measured: 8-15-08
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: 12 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC
Screen slot size: 1032 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: _____
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.

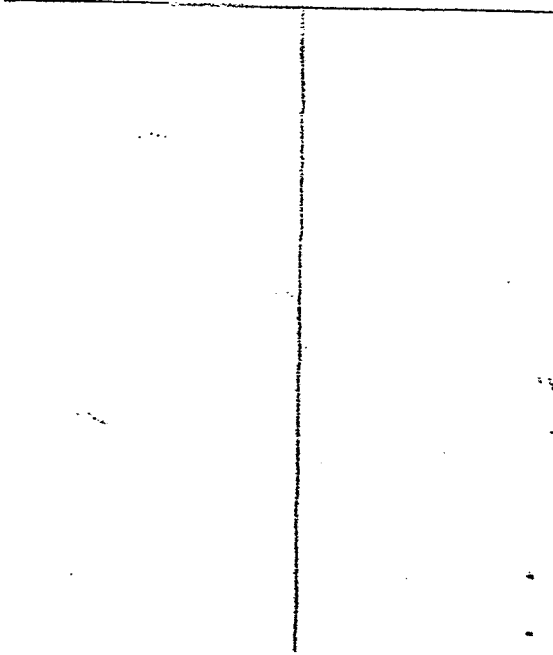
Delta Drilling of Tunica Inc. #0674
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

RECEIVED
SEP 08 2008
BY: OLWR

If well telescopes please sketch below and show depths:

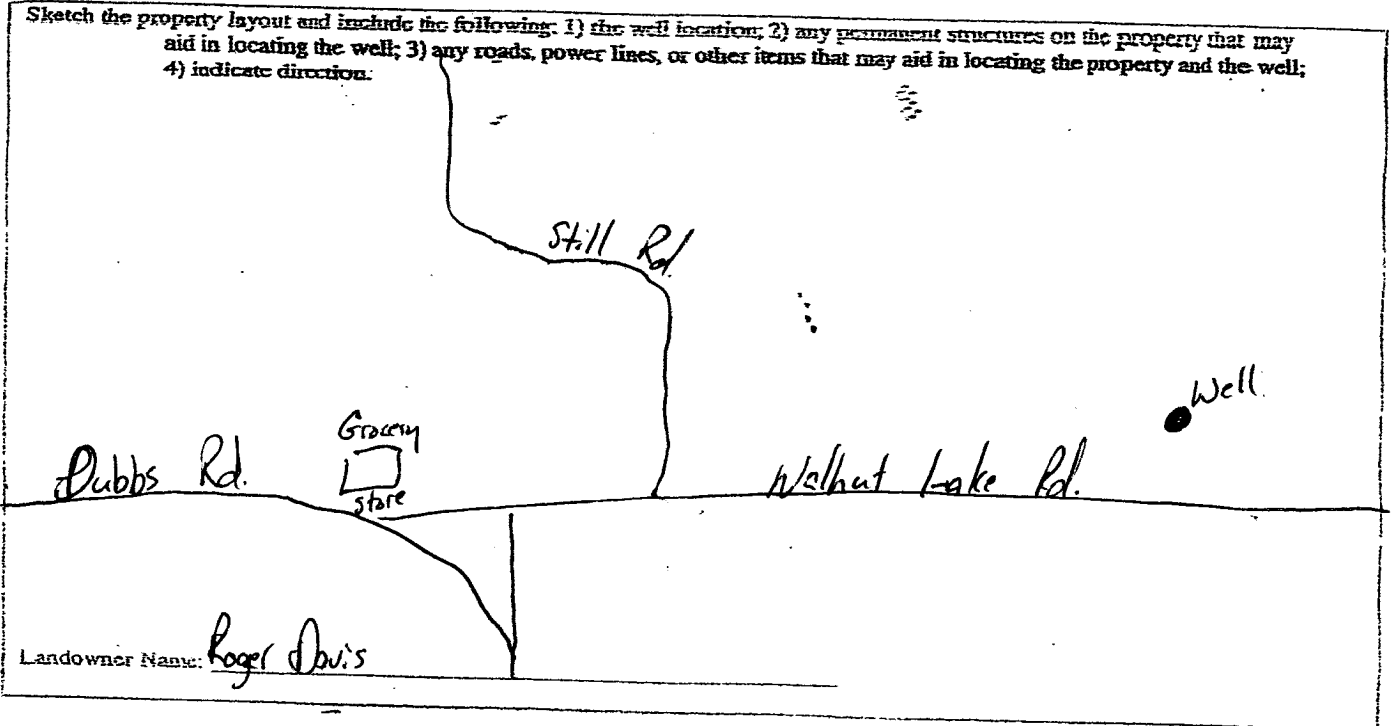
Ground Level



DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	14
Clay & fine sand	15	26
Coarse sand	27	32
Wood / sand	33	39
Coarse sand	41	52
Coal / sand	53	60
Wood / sand	61	65
Coarse sand & gravel formation	66	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.



Signature of Water Well Contractor
Allen Pyle

RECEIVED
 SEP 08 2008
 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 39285-0631
 (601)961-5210
 (601)354-6936 (fax)

For Office Use Only

Aquifer: _____
 Well #: L-28
 Elevation: _____

County: Tunica
 Permit #: _____
 Driller: Delta Drilling of Tunica Inc.
 Date completed: 8-15-08

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>Roger Davis</u>	Latitude: <u>33° 33.378</u> Longitude: <u>W 90° 17.926</u>
Mailing Address: <u>10063 Arkabutla Rd.</u> <u>Columbus, Ms. 38618</u>	Method of Locating (circle one): <u>Conventional Survey</u>
City: _____ State: _____ Zip Code: _____	USGS quad: <u>Hand-held GPS</u> , <u>Survey-grade GPS</u>
Telephone No. <u>(662) 357-5131</u>	<u>SE</u> 1/4 <u>SW</u> 1/4 Sec. <u>18</u> Twp. <u>6S</u> Rng. <u>10W</u>
	Distance: _____ Direction: _____ Nearest Town: _____
	<u>7</u> Miles <u>NE</u> of <u>Durdee, Ms.</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input checked="" type="checkbox"/> Diesel Engine <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>100</u> Setting Depth: <u>50</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>8-15-08</u>	
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <u>Steel Tape</u>
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 _____
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.

Delta Drilling of Tunica Inc. #0674 Allen Pyle
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 SEP 08 2008
 BY: OLWR