

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)

County: Quitman Tunica
 Permit #: GW43010
 Driller: Delta Drilling of Tunica
 Date drilling completed: 4-25-09

For Office Use Only:

Aquifer: _____
 Well #: L30
 L. S. Elevation: _____
 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>Sam Presley</u>	Latitude: <u>34° 31' 05" N</u> Longitude: <u>90° 12' 20" W</u>
Mailing Address: <u>P.O. Box 66</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Crenshaw</u> Ms. <u>38621</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 236 Twn 7S Rng 10W</u>
Telephone No. <u>(662) 604-0433</u>	Distance <u>1</u> Miles Direction <u>West</u> of Nearest Town <u>Crenshaw, Ms.</u>

Well Data

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

Date well drilling started: 4-25-09 Date well drilling completed: 4-25-09

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 6-2-09

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: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 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): _____

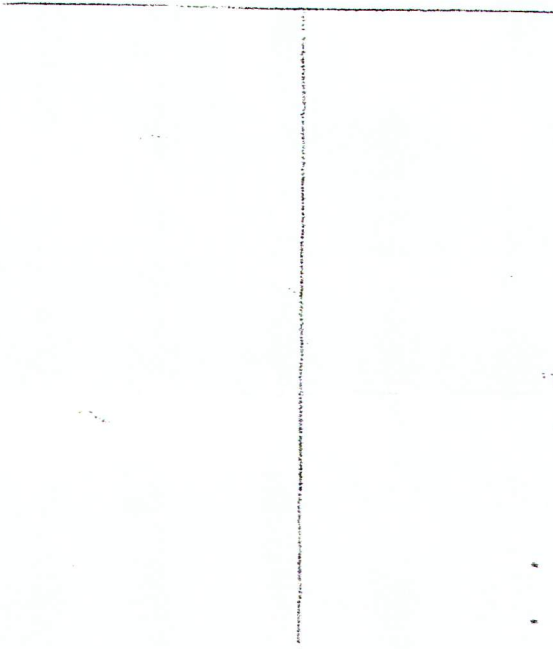
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

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

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If well telescopes please sketch below and show depths

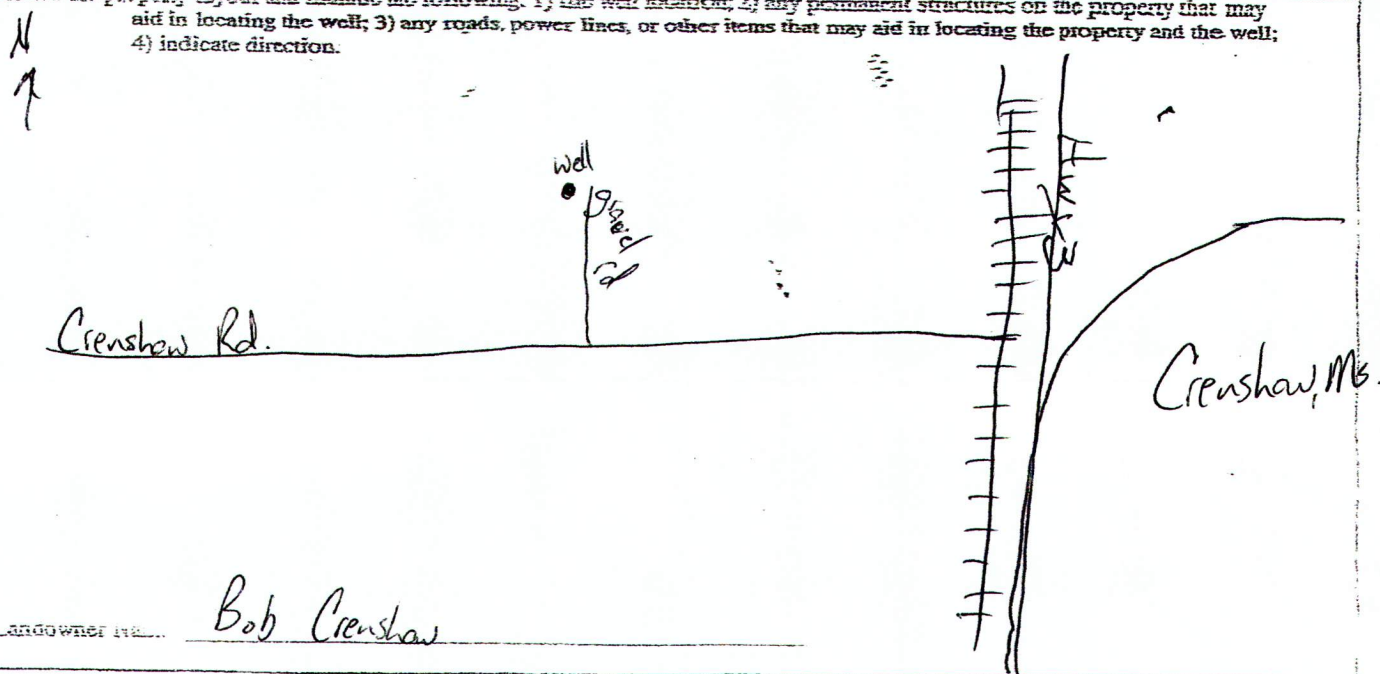
Ground Level



Description of Formations Encountered	From	To
loamy soil	8	17
Clay	18	29
fine sand	29	33
coarse sand and gravel formation	34	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.



LANDOWNER NAME: Bob Crenshaw

Signature of Water Well Contractor: Alan Rife

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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 39219-0631
 (601)961-5210
 (601)954-6938 (fax)

County: ~~Quitman~~ **Tunica**
 Permit #: _____
 Driller: **Delta Drilling of Tunica**
 Date completed: **6-2-09**

For Office Use Only:

Acquired: _____
 Well #: **430**
 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

Owner Name: **Sam Presley**
 Mailing Address: **P.O. Box 464**
Crenshaw Ms. 38621
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: **N34° 31.058'** Longitude: **W89° 12.726'**
 Method of Lev/Long (circle one): **Conventional Survey**
 USGS quad: **Hand-held GPS** Survey-grade GPS
 NW 1/4 NE 1/4 Sec **236** Twn **1865** Rng **11W 10W**
 Distance Direction Nearest Town
1 miles West of Crenshaw Ms.

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston **Purifier**
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: **6-2-09**
 Rated Pump Capacity: **2200** Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: **40 H.P.**
 Setting Depth: **50** feet
 Number of Stages: **2**

Pump Test Data

Date Well Tested: _____
 Static Water Level (A): _____ Foot Below Land Surface
 Pumping Water Level (B): _____ Foot Below Land Surface
 Drawdown (B) - (A): _____ Foot Below Land Surface
 Test Pumping Rate: _____ Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line **Steel Tape**
 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.

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

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