

County: Tunica
 Permit #: GW40230
 Driller: Pella Drilling & Service, Inc.
 Date drilling completed: 5-26-05

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 #: N-30
 L. S. Elevator: _____
 E-log #: _____

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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>Jenny Subanks</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 7</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Tunica</u> MS <u>38676</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 14 NE 14 Sec. 4 Twp 7S Rng 7E</u>
Telephone No. <u>(662) 363-8626</u>	Distance <u>6</u> Miles <u>SE</u> Direction of <u>WINDLEE MS</u> Nearest Town

Well Date

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

Date well drilling started: 5-26-05 Date well drilling completed: 5-26-05

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

Static Water Level: 14 feet above or below (circle one) land surface Date measured: 8-27-05

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

Hole depth: 100 Well depth: 99 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Resonite 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: 25 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: VISUAL

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 _____
 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)961-3210
 (601)354-6938 (fax)

County: Tunica
 Permit #: _____
 Driller: Delta Drilling
 Date completed: 5-27-05

For Office Use Only:

Aquifer: _____
 Well #: N-30
 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>Jim Eubanks</u> Mailing Address: <u>P.O. Box 7</u> <u>Tunica</u> MS <u>38676</u> City State Zip Code Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS, <u>GPS</u> <u>SE 1/4 NE 1/4 Sec 4 Twn 7S Rng 11W</u> Distance Direction Nearest Town <u>6</u> Miles <u>SE</u> of <u>DUNDEN MS</u>

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Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>5-27-05</u> Rated Pump Capacity: <u>2000</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>90</u> Setting Depth: <u>50</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): <u>12</u> 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 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.

ALAN DYLE _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer