County: Tunica
Permit #: GW 40296
Driller: Delta Drilling of Tunica Inc.
Date drilling completed: 5-26-05

Water 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:
Agifile:
Well #: N-31
L. S. Elevation:
Bing #:

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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

Owner Name: Jenny Eubanks
Mailing Address: P.O. Box 7
Tunica MS 38676
City State Zip Code
Telephone No. (662) 363-2626

Well Location

Latitude: ___ ° ___ ' ___ " Longitude: ___ ° ___ ' ___ "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NW ¼ NE ¼ Sec. 4/8 Twp. 7S Rng. 13W
Distance 6 Miles Direction SE of Nearest Town WINDEE MS

Well Data

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: 5-27-05
Method of Measurement (circle one): steel tape electric tape air line other:
Hole depth: 100 Well depth: 99 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: 0.25 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 lip 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 Nuclear Other: VISUAL
Name of organization running logs:

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

If well telescopes please sketch below and show depths.

Ground Level

GW 40296

N-31

Description of Formations Encountered	From	To
Clay Soil	0	55
Sand & Gravel	55	60

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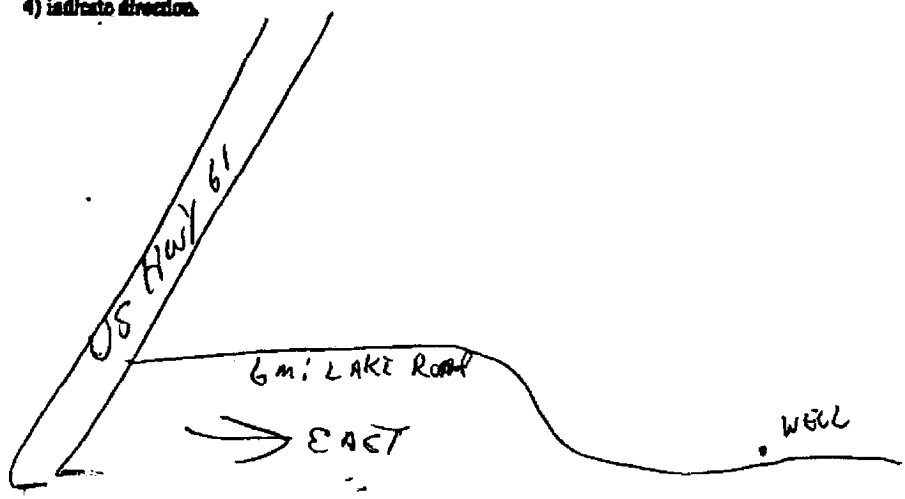
If more than one screen, show location of each on sketch

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: Jim Eubanks

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)961-5210
(601)354-6938 (fax)

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

For Office Use Only:
Aquifer:
Well #: N-31
Elevation:

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BY: OLWR

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: Jimy Eubanks
Mailing Address: P.O. Box 7
Tunica MS 38676
City State Zip Code
Telephone No. ( )

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SE ¼ NE ¼ Sec. 4 Twp. 7S Rng. 11W
Distance 6 Miles Direction SE of Nearest Town DUNDEE MS

Pump Type
Circle one

Air Lift, Jet, Submersible, Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 5-27-05
Rated Pump Capacity: 1000 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
Setting Depth: 50 feet
Number of Stages: 2

Pump Test Data

Date Well Tested:
Static Water Level (A): 14 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

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.

ALAN DYLE
Print Name of Pump Installer and License No. (If applicable)

Signature of Pump Installer