

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 #: N-32
L. S. Elevation: _____
E-log #: _____

County: Tunica
Permit #: 6W42597
Driller: Delta Drilling of Tunica Inc.
Date drilling completed: 6-17-08

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	Well Location
Owner Name: <u>David Bryant</u>	Latitude: <u>N 34° 28' 35.7"</u> Longitude: <u>W 90° 21' 03.247"</u>
Mailing Address: <u>1050 Bryant Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Steele</u> State: <u>Ms.</u> Zip Code: <u>38670</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
Telephone No. <u>(662) 382-7737</u>	<u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>15</u> Twn <u>7S</u> Rng <u>11W</u>
	NE SW Distance Direction Nearest Town <u>5.5</u> Miles <u>Southeast</u> of <u>Dunder, Miss.</u>

Well Data

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

Date well drilling started: 6-17-08 Date well drilling completed: 6-17-08

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 6-19-08

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: 16 inches Type of casing: PVC

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

Screen slot size: .030 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 _____

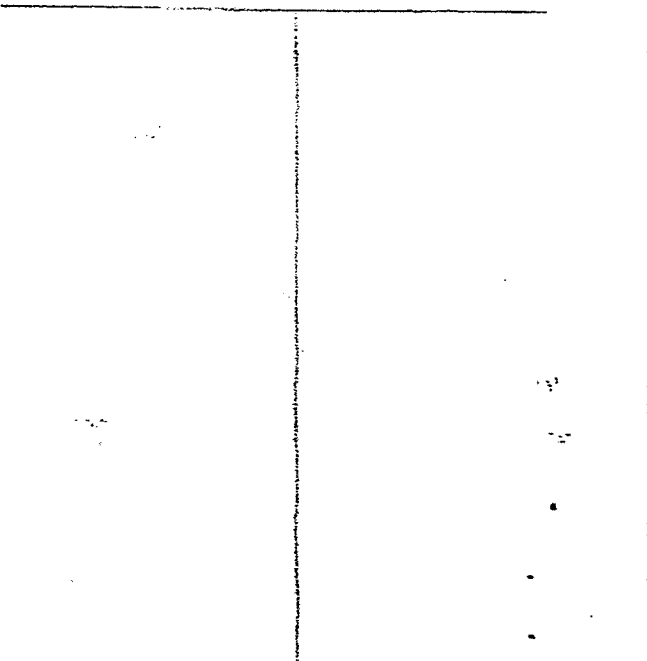
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GW 42597

N-32

If well telescopes please sketch below and show diameter

Ground Level _____

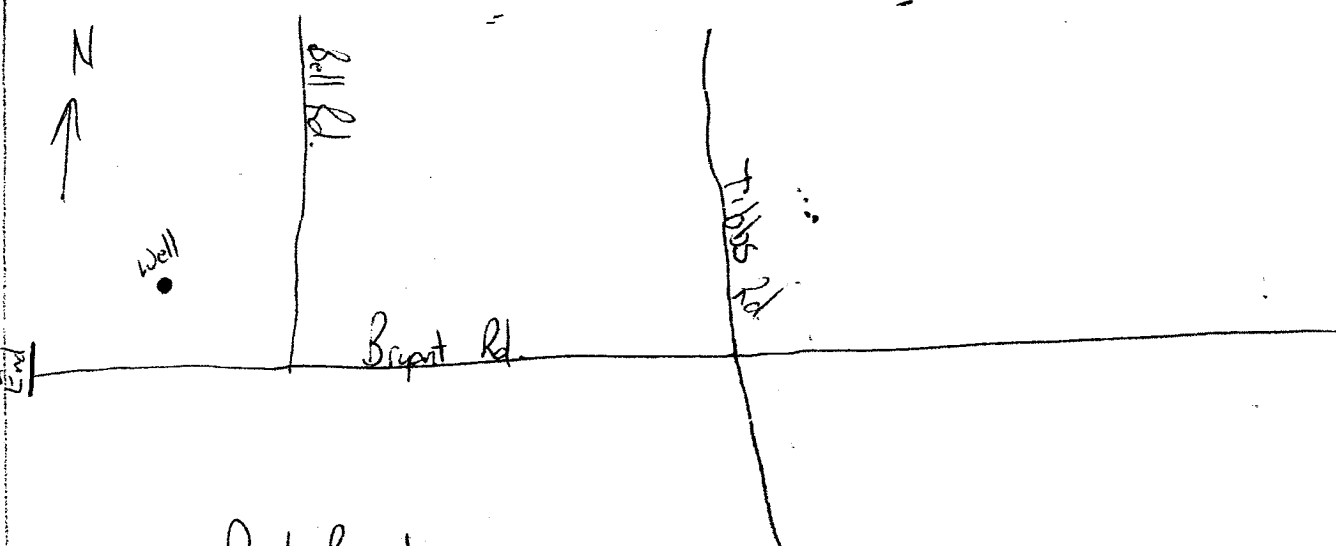


Description of Formations Encountered

Description of Formations Encountered	From	To
loamy soil	0	11
clay	12	21
fine sand / clay	22	28
fine sand	29	34
gravel formation / sand	35	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: David Bryant

[Signature]

Signature of Water Well Contractor

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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 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: N-32
 Elevation: _____

County: Tunica
 Permit #: 6042597
 Driller: Delta Drilling & Erect Inc.
 Date completed: _____

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>David Bryant</u>	Latitude: <u>N 29° 28', 55.7"</u> Longitude: <u>W 90° 21', 04.7"</u>
Mailing Address: <u>1050 Bryant Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
<u>Sledge</u> <u>Ms</u> <u>38670</u>	<u>SE</u> <u>1/4 SE</u> <u>1/4 Sec 15</u> <u>Twp 7S</u> <u>Rng 11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662-382-7737</u>	<u>5.5</u> Miles <u>South East</u> of <u>Dunder, Ms.</u>

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

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
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 started _____ 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.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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