

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-39
L. S. Elevation: _____
E-log #: _____

County: Tunica
Permit #: QW42599
Driller: Delta Drilling of Tunica Inc.
Date drilling completed: 6-19-08

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>Dutch Parker</u>	Latitude: <u>N34° 29' 807"</u> Longitude: <u>W92° 19' 749"</u>
Mailing Address: <u>P.O. Box 1760</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Tunica</u> <u>Ms.</u> <u>38676</u>	<input checked="" type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<input checked="" type="checkbox"/> 1/4 <input checked="" type="checkbox"/> 1/4 Sec <u>2</u> Twn <u>75</u> Rng <u>11W</u>
Telephone No. <u>(662) 363-2622</u>	SW SE 2 Distance Direction Nearest Town <u>5.0</u> Miles <u>East</u> of <u>Deerfield, MS</u>

Well Data

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

Date well drilling started: 6-19-08 Date well drilling completed: 6-19-08

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

Static Water Level: 23 feet above of 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: .032 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

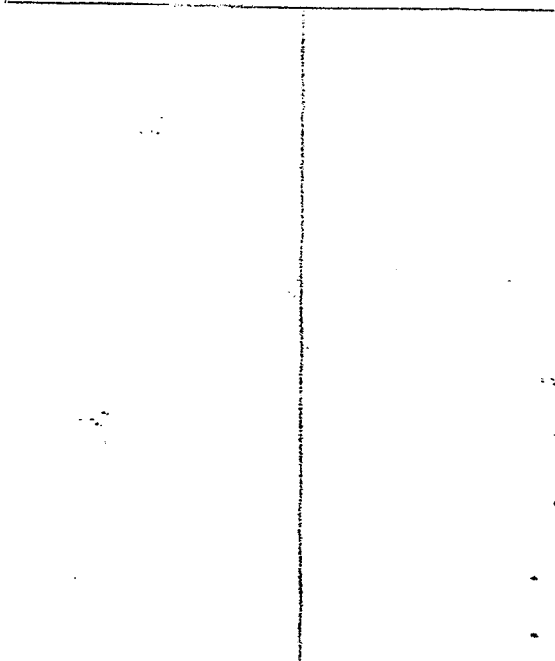
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6W42599

N-34

If well telescopes please sketch below and show center

Ground Level:



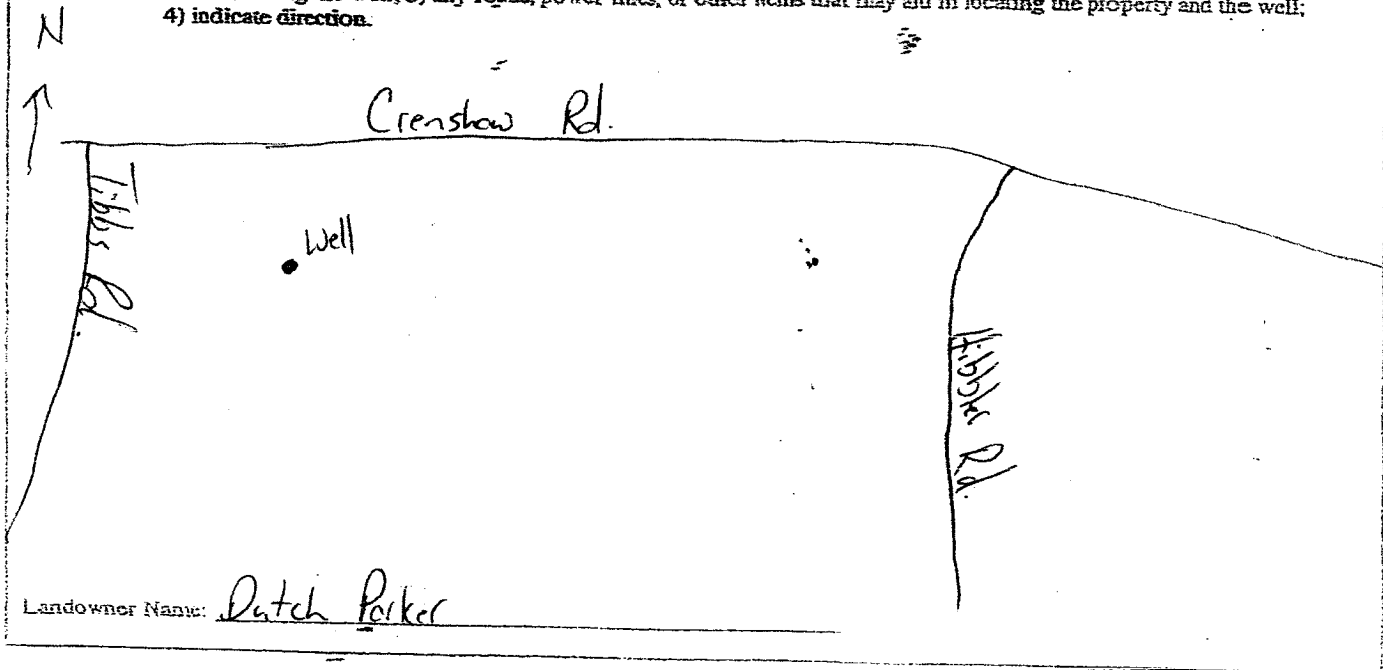
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
loamy soil	0	26
fine sand	27	38
gravel formation	39	46
fine sand	47	52
hard and gravel formation	53	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: Dutch Parker

Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Certification Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39288-0631
 (601)961-5216
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: N-34
 Elevation: _____

County: Tunica
 Permit #: 66642599
 Driller: Delta Drilling of Tunica, Inc.
 Date completed: 6-19-08

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>Rachel Parker</u>	Latitude: <u>N34° 29' 807"</u> Longitude: <u>W89° 19' 749"</u>						
Mailing Address: <u>P.O. Box 1760</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>						
<table border="0" style="width: 100%;"> <tr> <td><u>Tunica</u></td> <td><u>Ms.</u></td> <td><u>38676</u></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> </table>	<u>Tunica</u>	<u>Ms.</u>	<u>38676</u>	City	State	Zip Code	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Tunica</u>	<u>Ms.</u>	<u>38676</u>					
City	State	Zip Code					
Telephone No. <u>(662) 363-2622</u>	<u>SE</u> ¼ <u>SE</u> ¼ Sec. <u>11</u> Twp <u>7S</u> Rng <u>11W</u>						
	Distance: _____ Direction: <u>East</u> Nearest Town: <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"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Motor 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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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 (OB) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Young Sales
 Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer _____

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