

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Tunica
Permit #: GW-44742 ✓
Driller: Delta Drilling of Tunica
Date drilling completed: 5-31-11

For Office Use Only:
Aquifer: N 36
Well #: _____
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Faust Farms</u>	Latitude: <u>(N 34° 26' 04.2")</u> Longitude: <u>(W 90° 20' 42")</u>
Mailing Address: <u>Norris Faust</u> <u>840 Six Mile Lake Rd</u> <u>Sledge Ms. 38670</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>SW 1/4 SE 1/4 Sec 27</u> ✓ Twn <u>7N</u> ✓ Rng <u>11W</u> ✓ NW Distance Direction Nearest Town <u>5</u> Miles <u>West</u> of <u>Sledge, Ms.</u>
Telephone No. () _____	
Well / Borehole Data	
Date drilling started: <u>5-31-11</u> Date drilling completed: <u>5-31-11</u> Hole depth: <u>100</u> Hole diameter: <u>28"</u>	
Location of the source of any surface water used for drilling: <u>6 mile Lake - 1/4 mile west of well</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture <input checked="" type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>90</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>50</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>14</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.032</u> inches Setting depth: From <u>50</u> feet to <u>90</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

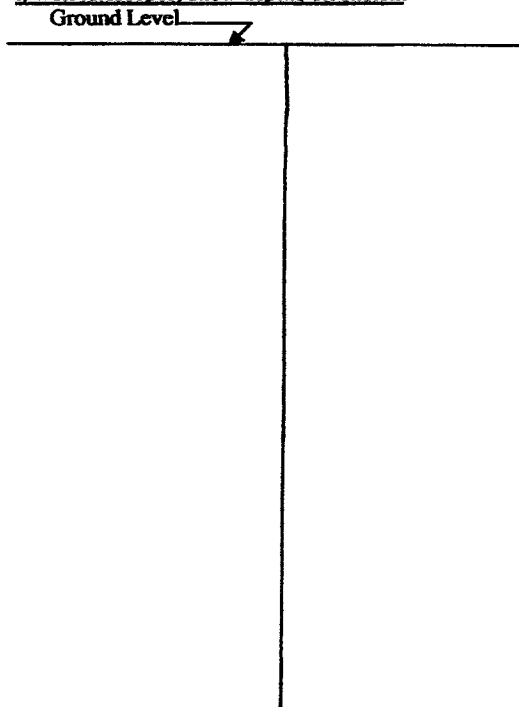
Form: OLWR-SWR-11/10/09

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N36

The sketch below only required for water wells.

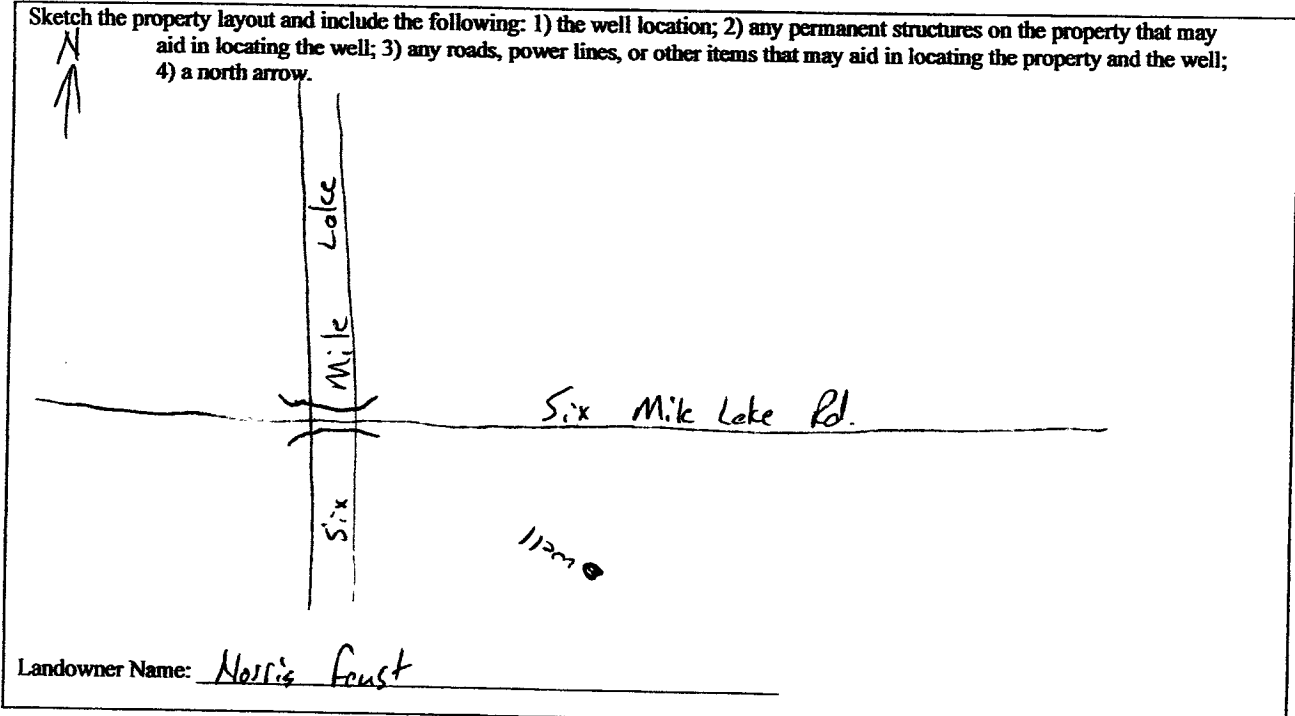
If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground Level	To (depth)
clay		26
coarse sand & gravel formation	27	100

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



Form: OLWR-SWR-1A (04/08)

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

Chris Shockley # 2561

7-24-11

[Signature]
Signature of Licensee

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Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: TUNICA
 Permit #: GW-44742
 Driller: DELTA DRILLING
 Date completed: 5-31-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: N36
 Well #: _____
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>FAUST FARMS</u> Mailing Address: <u>840 SIX MILE LAKE RD</u> <u>Sledge</u> <u>MS</u> <u>38670</u> City State Zip Code Telephone No. <u>(602) 654-1717</u>	Latitude: <u>34° 26' 31.32" N</u> Longitude: <u>90° 20' 41.72" W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>9W 1/4 SW 1/4 Sec 27 T 7 R 11W</u> Distance Direction Nearest Town <u>7 1/2</u> Miles <u>E</u> of <u>LULA</u>

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>6-28-11</u> Rated Pump Capacity: <u>2200</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>60</u> Setting Depth: <u>70</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): _____ 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.

DAVID P. HOLT 0-752P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

JUL 27 2011

BY: OLWR

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