

State Well Report

Part I - 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)

For Office Use Only:

Aquifer:
Well #: C151
L. S. Elevation:
E-log #:

County: Coahoma
Permit #: GW-48133
Driller: TEDDY LOUIS
Date drilling completed: 5/3/14

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)
Owner Name: Matagorda Plantation
Mailing Address: Bowler Flower?
P.O. Box 38
Tunica MS 38274
Telephone No. ()
Well or Borehole Location
Latitude: 34° 20' 58" Longitude: 90° 26' 38"
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 Sec 20 Twn 29N Rng 02W
Distance 1 Miles Direction N of Nearest Town Johnston

Well / Borehole Data
Date drilling started: 5/3/14 Date drilling completed: 5-3/14 Hole depth: 117 Hole diameter: 16
Location of the source of any surface water used for drilling: Nearest well
Method of dosing and volume of Chlorine used in drilling and development:
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe)
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 20 feet above or below (circle one) land surface Date measured: 5-3-14
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 117 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: D50 inches Setting depth: From 0 feet to 70 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 next page

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STATE WELL REPORT

Part 2

For Office Use Only:

County: COAHOMA
 Permit #: GW-48133
 Driller: JOLTED WELL SERVICE
 Date completed: 5-3-14
 Copy information from block on Part 1

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

Well #: _____
 Aquifer: _____

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>MATAGORDA PLANTATION</u>	Latitude: <u>34° 20' 58"</u> Longitude: <u>90° 26' 38.7"</u>
Mailing Address: <u>P.O. Box 38</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: <u>TUNICA</u> State: <u>MS</u> Zip Code: <u>38676</u>	<u>SE</u> 1/4 <u>SW</u> 1/4, Sec <u>30</u> T <u>29N</u> R <u>02W</u>
Telephone No. <u>(662) 363-1121</u>	<u>1 3/4</u> Miles <u>N</u> of <u>JONESTOWN</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 7-23-14 Rated Pump Capacity: 2200 Gallons Per Minute

Is This Pump (circle one): (New) Repaired Replacement

Power Type (circle one)

Electric (Diesel) Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: _____ Setting Depth: 60 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 20 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

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

RECEIVED
AUG 20 2014

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

DAVID P. HOLT 0-752P 8-18-14 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

14-0174