

# 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 39225-2309  
 (601)961-5210  
 (601)360-0535 (fax)

#### For Office Use Only:

Well #: A 115  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: DeSoto  
 Permit #: GW-46596  
 Driller: 2561  
 Date drilling completed: 5-14-13

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Dutch Parker</u>	Latitude: <u>N 24 57 05</u> Longitude: <u>W 90 09 40</u>
Mailing Address: <u>PO Box 1760</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tunica Ms. 38676</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>6E</u> <u>W</u> <u>SW</u> <u>W</u> , Sec <u>33</u> T <u>25</u> R <u>9W</u>
Telephone No. (____) _____	<u>1/2</u> miles <u>West</u> of <u>Walls</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 5-14-13 Date drilling completed: 5-21-13 Hole depth: 105 Hole diameter: 24

Location of the source of any surface water used for drilling: Five hundred 1/2 mile East

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable):  Geolog  Electric  Gamma Ray  Density  Sonic  Neutron  Other \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle 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 (circle all applicable): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_  Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_

Other (describe): \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 20 feet [above or  below land surface] Date measured: 5-14-13

(circle one)

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

Well depth: 105 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite Mix

Casing length: 65 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .022 inches Setting depth: From 65 feet to 105 feet

Type of completion (circle all applicable): Gravel packed \_\_\_\_\_ Underreamed \_\_\_\_\_ Open hole \_\_\_\_\_ Natural Development \_\_\_\_\_

Other (describe): \_\_\_\_\_

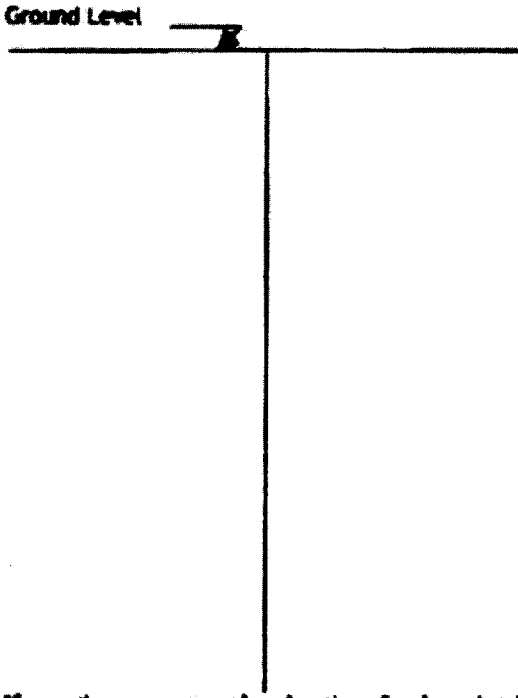
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*

County: DeKalb  
Permit #: GSW-46590

**For Office Use Only:**  
Well #: \_\_\_\_\_

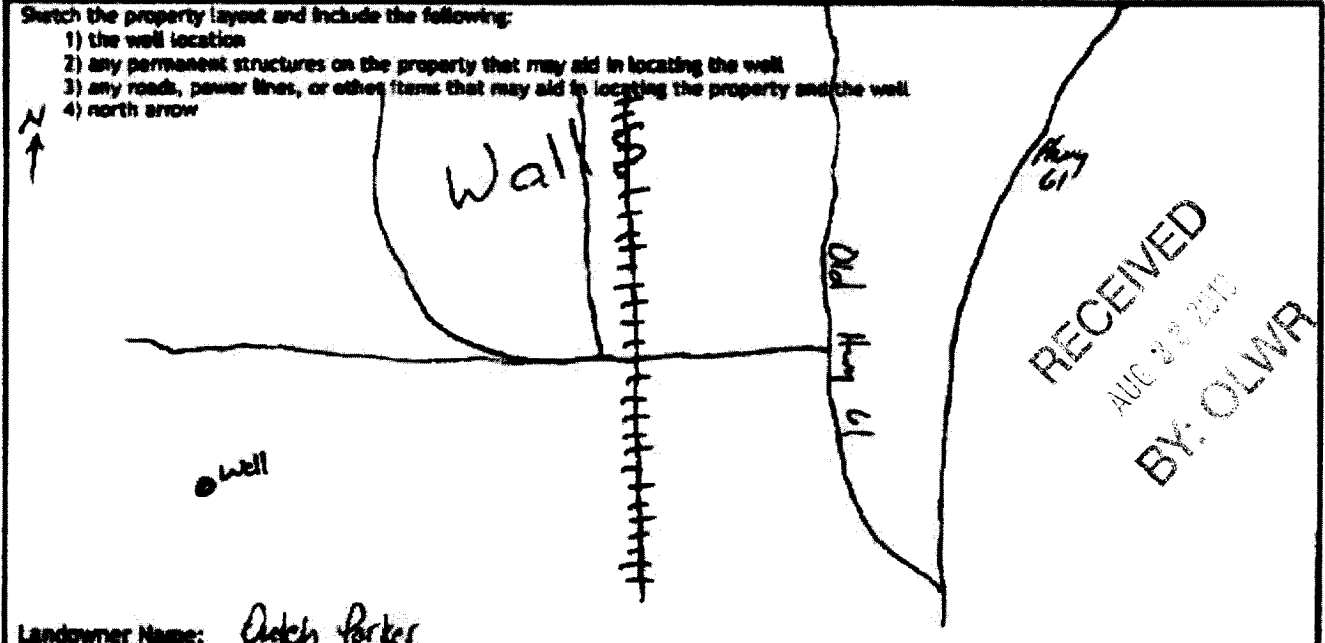
The sketch below only required for water wells  
If well telescopes, show depths on sketch



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

Description of Formations Encountered	From (depth)	To (depth)
loamy soil	Ground level	10
clay	11	25
fine sand	26	60
coarse sand / gravel	61	105

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



Landowner Name: Dutch Parker

I HEREBY 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 Shockey 2561 6-2-13 [Signature]  
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 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

#### For Office Use Only:

Well #: A115

Aquifer: \_\_\_\_\_

County: DESO  
Permit #: GW-46590 ✓  
Driller: DELTA DRILLING OF TUNICA  
Date completed: 5-14-13  
*Copy information from block on Part 1*

*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>DUTCH PARKER</u>	Latitude: <u>34° 57.05"</u> Longitude: <u>90° 09.40"</u>
Mailing Address: <u>P.O. BOX 1760</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>TUNICA</u> <u>MS</u> <u>38676</u>	<u>SE 1/4 SW 1/4</u> , Sec <u>33</u> T <u>02S</u> R <u>09W</u>
City State Zip Code	<u>1/2</u> Miles <u>SW</u> of <u>WAUSIS</u>
Telephone No. <u>(662) 353-1121</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 7-19-13 Rated Pump Capacity: 1300 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: 100 Setting Depth: 60 feet Number of Stages: 4

**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: N/A 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

*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.

DANED P. HOLT 0-752P 8-15-13 \_\_\_\_\_

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

12-558A