

# State Well Report

## Part 1 - Driller's Log

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)

County: Desoto  
 Permit #: MS-GW-48622  
 Driller: Tommy Peacock  
 Date drilling completed: 4/22/15

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E169  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>IFC - Shane Bray</u>	Latitude: <u>90° 13' 16"</u> Longitude: <u>34° 52' 19"</u>
Mailing Address: <u>243 Wyly Drive</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lake Providence LA 71254</u> City State Zip Code	<u>NE 1/4 NE 1/4 Sec 35 Twn 02S Rng 10W</u>
Telephone No. <u>(318) 559-5479</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NE</u> of <u>Tunica, MS</u>

**Well / Borehole Data**

Date drilling started: 4/22/15 Date drilling completed: 4/22/15 Hole depth: 115' Hole diameter: 22"

Location of the source of any surface water used for drilling: Ditch 2 miles East of well site  
 Method of dosing and volume of Chlorine used in drilling and development: Chlorinated in tanker

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*

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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: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 115 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 75 feet to 115 feet

Type of completion (circle all applicable): Gravel packer 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*



# 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 #: \_\_\_\_\_

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

County: DESOTO  
 Permit #: GW-48622  
 Driller: TOMMY PEACOCK  
 Date completed: 4-22-15  
*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>INTERNATIONAL FARMING CORP</u>	Latitude: <u>34° 52' 17"</u> Longitude: <u>90° 13' 15"</u>
Mailing Address: <u>14 CARPENTER RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>INDIANOLA</u> <u>MS</u> <u>38751</u> City State Zip Code	<u>N 1/2</u> 1/4 <u>N 1/2</u> 1/4, Sec <u>35</u> T <u>02 S</u> R <u>10 W</u>
Telephone No. <u>(602) 635-3714</u>	<u>2 1/2</u> Miles <u>S</u> of <u>LAKA CORMORANT</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 4-29-15 Rated Pump Capacity: 3000 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: 60 Setting Depth: 20 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**

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

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

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: McCrometer Meter Serial Number: 15-02051

Meter Model Number/Name: M0310 Type of Meter: GROUNOWATER

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

Installation Date: 4-29-15 Meter installed by: CIRCLE S IRRIGATION

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.

DAVID P. HOLT 0-752P 5-26-15  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED  
 APR 29 2015  
 BY: OLWR

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