	State V	Vell Report			
County: Lunica	Part 1 – 1	Driller's Log	For Office Use Only:		
Permit #: GW- 44814	Mississippi Department of Environmental Quality		Aquiter. + 48		
Driller Delta Drilling of Tunica	Office of Land and Water Resources P.O. Box 2309		We:I #:		
1 1		n, MS 392 25 961- 5210	L. S. Elevation:		
Date drilling completed: 2 - 23-11		1- 5228 (fax)			
State Law requires that this report	t be prepared by the lic	ense balder responsible for	E-log#:		
Department at the above address	wunin su aays of com	pletion of drilling of the well	or borehole.		
Information on Well O (Landowner if bosekole is not fo	wner	Well or Be	rehole Location		
Owner Name Shea Leatherma	<u> </u>	Latitude N34 ° 47 , 458	" Longitude 1090 ° 24 ° 318 °		
Mailing Address: Riverfield For	ms	Method of Lat/Long (circle one): Conventional Survey,			
P.O. Box 97			USGS quad, (land-held GPS) Survey-grade GPS		
Robinsonville Ms City State	38664		Twr. 35 Rng //W		
	5 Notice 1/2011		Nearest Town		
Telephone No. (662) 363- 2376			The state of the s		
	Well / Borel	hole Data			
Date drilling started: 2-23-1 Date drill	ing completed: 2-23-1	Hole depth: 110	Hole diameter: 28		
Location of the source of any surface water Method of dosing and volume of Chlorine i	used for drilling:	mile west of well			
Location of the source of any surface water used for drilling: 2 m. le west of 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/Geolog	gical Investigation Ground S	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): HomeIndustrialPublic SupplyIrrigationFish CultureOther:					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 32feet above o below (circle one) land surface Date measured:					
Method of Measurement (circle one steel tape electric tape air line other:					
Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 70 feet Casing diameter: 16 inches Type of cusing: PUC					
Screen length: 40 fect Screen diameter: 16 inches Type of screen: PUL					
Screen slot size: .032 inches Setting depth: From 70 feet to //O feet					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Other (describe):					
op of lap pipe or reduction in casing:	feet. If telesc	coped or more than one screen,	describe on next page		
			Form: OLWR-SWR-1A (04/08)		

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The	sketch	below	ante	required	for	water wells
	SILCIESE	UULUN	17544	A CHAIRA CH	101	water wetts

If well telescopes,	show	depths	on.	sketch.
Ground Level		_		

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)
Clay ! loony soil	Ground Level	122
clay I fine sound	23	4/
wood : fine sond	42	51
Cooise send grave	52	108
<u></u>		
heavy clay	108	110
·		
	 	
		
		-
	1	

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

Sketch the property layout and include the following: 1) the well location aid in locating the well: 3) any roads, pourse lines or other	(2) any permanent structures on the property that may
aid in locating the well; 3) any roads, power lines, or other 4) a north arrow.	items that may aid in locating the property and the well;
Landowner Name: Sheq Leather man	Hombrick Rd.
	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, it applicable, and state

Print Name of Responsible Licensee and License No.

Signature of Licensee

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STATE WELL REPORT

unica County: Date completed:

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

For Office Use Only:	
Aquifer:	
Well #:	

(601)961-5228 (fax) 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 34°47°27.19" Longitude: 90°24° Owner Name: Mailing Address: Method of Lat/Long (check one): Conventional Survey_ USGS quad____, Hand-held GPS___, Survey-grade GPS Distance Direction Nearest Town 363-2376 Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: Setting Depth: 1300 Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Static Water Level (A): 32 Feet Below Land Surface Other (specify): Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) – (A)]: ______Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: _____ Gallons Per Minute Well yielded _____ GPM with a drawdown of

Duration of Pump Test (minimum 4 hours): hours	feet after	hours of pumping
		1/1/1
I HEREBY CERTIFY that the above statements are true to the be	est of my knowledge.	
LAUID P. HOLT 0-752P		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	BEACIVED
	Form	: OLVIR SWIL-18 (04/08)