

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

For Office Use Only:

Well #: A 55
Aquifer: _____
E-Log #: _____

County: Tunica
Permit #: GW-47983
Driller: Delta Drilling
Date drilling completed: 5-23-14

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.

Well Owner Information (Landowner if borehole is not for a water well)			Well or Borehole Location		
Owner Name: <u>Malcolm McClellan</u>			Latitude: <u>34° 46' 58"</u> Longitude: <u>90° 20' 13"</u> ✓		
Mailing Address: <u>4690 Spring Place Ct.</u> <u>D.B., Ms. 38654</u>			Method of Lat/Long (check one): Conventional Survey _____		
City _____ State _____ Zip Code _____			USGS quad _____, Hand-held GPS ✓, Survey-grade GPS _____		
Telephone No. (____) _____			<u>NE SE</u> ¼ <u>NW</u> ¼, Sec <u>35</u> T <u>38</u> R <u>11W</u> ✓		
			<u>2</u> Miles <u>South</u> of <u>Robinsonville</u> (Distance) (Direction) (Nearest Town)		

Well / Borehole Data	
Date drilling started: <u>5-23-14</u>	Date drilling completed: <u>5-23-14</u> Hole depth: <u>125</u> Hole diameter: <u>24"</u>
Location of the source of any surface water used for drilling: <u>fire hydrant 1/2 mile North</u>	
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 (circle one): <u>Water Well</u> 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 <u>Irrigation</u> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>25</u> feet [above or <u>below</u> land surface (circle one) Date measured: <u>5-24-14</u>	
Method of measurement (circle one): <u>Steel tape</u> Electric tape Air line Other (describe): _____	
Well depth: <u>110</u> Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>30</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.032</u> inches Setting depth: From <u>70</u> feet to <u>110</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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

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County: _____

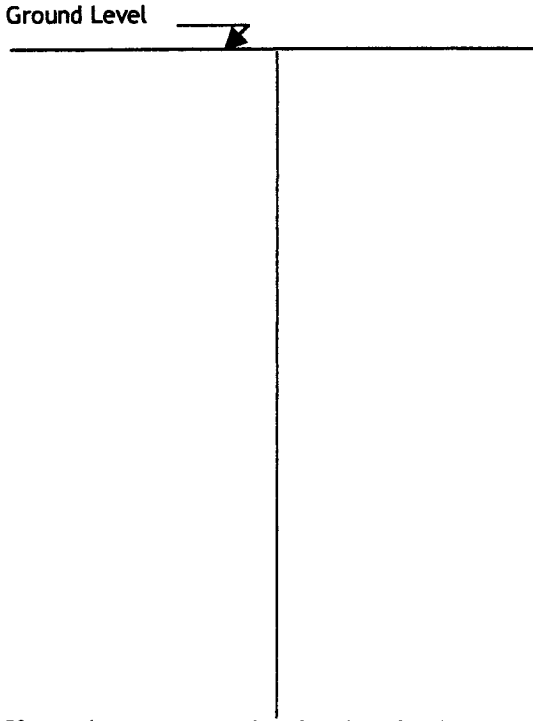
Permit #: _____

For Office Use Only:

Well #: A 55

The sketch below only required for water wells

If well telescopes, show depths on sketch.

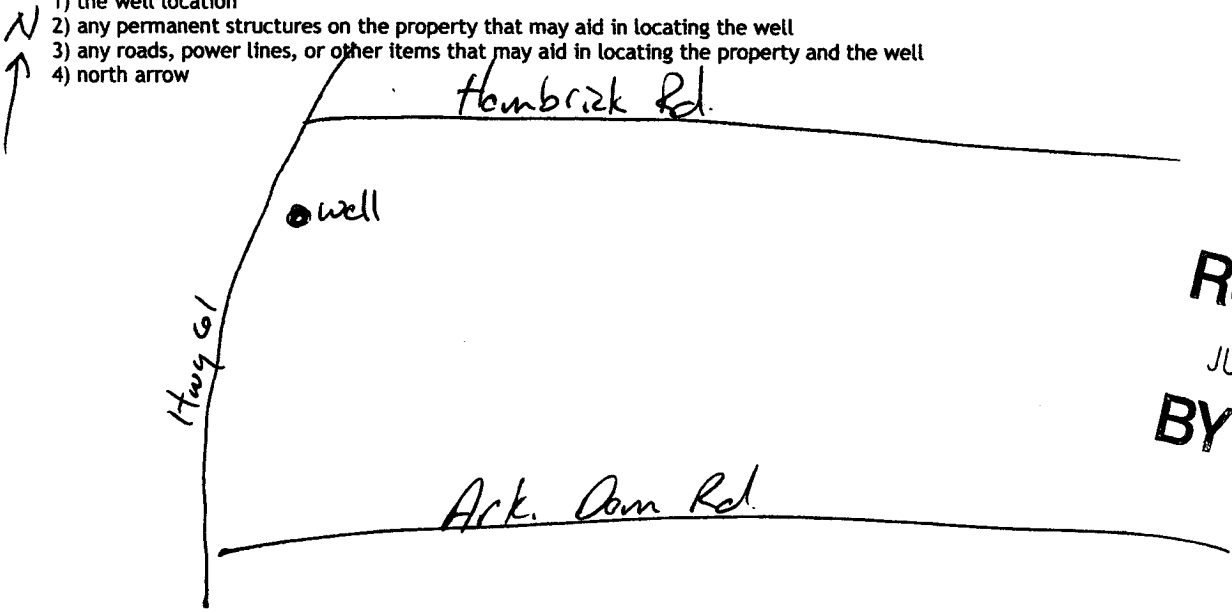


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	50
Clay & fine sand	51	68
Coarse sand & gravel	69	120
Sand	111	125

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

- Sketch the property layout and include the following:
- 1) the well location
 - 2) any permanent structures on the property that may aid in locating the well
 - 3) any roads, power lines, or other items that may aid in locating the property and the well
 - 4) north arrow



Landowner Name: _____

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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.

C. Stockley 2021 5-23-14 C. Stockley
 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 #: A55

Aquifer: _____

County: Tunica
 Permit #: GW-47983
 Driller: Delta Drilling
 Date completed: 5-23-14
 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>Malcolm McClanahan</u>	Latitude: <u>34° 46 58</u> Longitude: <u>90° 20 13</u>
Mailing Address: <u>4690 Spring Place Cove</u> <u>Dibole Branch, Ms. 38654</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE 1/4 NW 1/4, Sec 35 T 35 R 11W</u>
Telephone No. (____) _____	<u>2</u> Miles <u>South</u> of <u>Robinsonville</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 5-23-14 Rated Pump Capacity: 2500 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: 70 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): _____ 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: Mcrometer Meter Serial Number: 12-09957

Meter Model Number/Name: MD310 Type of Meter: Saddle

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

Installation Date: 5-23-14 Meter installed by: Delta Drilling

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.

C. Swickley 2561 5-23-14 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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