County: Junica
Permit #: M5 - GW - 48154
Driller: Johny Reacock ST
Date drilling completed: 8-24-15

**Well Owner Information** 

### 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 #: 464					
Aquifer:					
E-Log #:					

**Well or Borehole Location** 

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.

(Landowner If borenote is not for a water well)	Latitude: 34 46 33 Longitude: 90 31 51			
Owner Name: <u>Perry Farms</u> Mailing Address: <u>1066 Perry Farms</u> Rd,	Method of Lat/Long (check one): Conventional Survey,			
The state of the s	USGS quad, Hand-held GPS, Survey-grade GPS			
Tunica MS 38676 City State Zip Code	NE 14 SE 14, Sec 33 T 035 R/IW			
Telephone No. (662) 363-2273	Miles <u>XE</u> of <u>Tanica</u> (Distance) (Direction) (Nearest Town)			
	prehole Data			
	8-24-15 Hole depth: 115' Hole diameter: 24"			
Location of the source of any surface water used for drillin	, , , ,			
Method of dosing and volume of Chlorine used in drilling ar	nd development: Wien Pilling tank			
Logs run (circle all applicable): No log run Electric Gamm				
Name of organization running log(s):				
Purpose of borehole (circle one): Water Well Geotechnic	al/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other (o	describe)			
If drilling is not related to water well co	nstruction, skip the remainder of this block			
Purpose of Well (circle all applicable): Home Industrial Public Supply (rrigation) Fish Culture 001 08 2015				
Other (describe):				
If a flowing well, method of flow regulation: Valve	Other (describe)			
Static Water Level: 32feet [above or below] land surface Date measured: 8-24-15				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: 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 1-32 1-50 inches Setting depth: From 75 feet to 115 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 on	ne screen, describe on next page			

County: _	Junica
Permit #:	MS-GW-48154

	for Office Use Only:	
/ell #:	AVY	

#### The sketch below only required for water wells

#### If well telescopes, show depths on sketch.

Ground Level	7
15'	16" Pape
201	11 11
1	11 11
20'	11
20'	31 stot sercer
	50 11 11
20 +	
If more than one screen,	show location of each on sketch

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
TOP SOIL	0	15
medium sand	15	45
Coarse sand & grave	45	75
Top Soi   medium sand Coarse sand & grave   Coarse sand	75	115

Sketc	h 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

OCT Q 8 2015

	-		
		<del></del>	
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and com requirements of the Mississippi Department of Environmental Quality and the	pleted in acco e Mississippi De	rdance with all apepartment of Hea	oplicable lth regulations,
if applicable, and state laws.	•		-

Tommy Peacock Sr #3489 9-12-15 Journal Cacock & Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1A (4/13)

#### STATE WELL REPORT

# County: TUNICA Permit #: Cw- 48154 Driller: TOMM! PARCALC Date completed: 6.24-15 Copy information from block on Part 1

#### 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

For Office Use Only:
Aquifer:

(601	) 360-0535 (fax)			
	well contractor or a licensed pump installer. A copy of Part 1			
Well Owner Information	epartment at the above address within 30 days of well completion.  Well Location			
Owner Name: PERRY FARMS	Latitude: 3/04/61.331. Longitude: 900 21 51			
Mailing Address: 1000 PERRY FARMS RO	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
The 1500 mc 38/210	) · · · · · · · · · · · · · · · · · · ·			
City State Zip Code	NE 14 SE 14, Sec 33 T 035 R //W			
Telephone No. (662) 363 - 2273				
Tetephone No. (F C)	(Distuice) (Direction) (Neurest 10WII)			
Pump Typ	ne (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
	ated Pump Capacity: 2200Gallons Per Minute			
Is This Pump (circle one): New Repaired Replacemen	ıt			
Power Typ				
Electric Diesel Gasoline Natural Gas Tractor PTO Wine	dmill Other ( <i>describe</i> ):			
Horse Power Rating of Motor:O Setting Dept	_			
Pump Test Data	for Non Flowing Well			
· ·	_			
Date Well Tested: Duration of Pump Test ( <i>minimum 4 hours</i> ): hours  Static Water Level (A):32 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface				
Drawdown [(B) - (A)]: Feet Below Land Surface				
	pe Air line Other ( <i>describe</i> ):			
Pump Test Data for Flowing Well				
Measured shut in head:feet.	•			
Well yieldedGPM with a drawdown of	feet afterhours of pumping			
Meter I	nstallation			
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				
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.			
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer			
	Form: OI WR-SWR-18 (4/13)			

13) / ˌ{

rm: OLWR-SWR-1B (*4/13*)