

County: Tunica  
 Permit #: GW-49427  
 Driller: Irrigation Equipment, Inc.  
 Date drilling completed: 4-28-16

**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 #: B 99  
 Aquifer: \_\_\_\_\_  
 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.*

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>			Well or Borehole Location		
Owner Name: <u>Tri State Properties Inc</u>			Latitude: <u>34 51' 28.5"</u> Longitude: <u>90 12' 23"</u>		
Mailing Address: <u>PO Box 424</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,		
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS		
<u>Nesbit</u>	<u>MS</u>	<u>38651</u>	<u>SW 1/4 NE 1/4, Sec 1 T 3S R 10W</u>		
City	State	Zip code			
Telephone No. ( ) -			Miles <u>NE</u> of <u>Robinsonville</u>		
			<i>(Distance)</i>	<i>(Direction)</i>	<i>(Nearest Town)</i>

**Well / Borehole Data**

Date drilling started: 4-28-16 Date drilling completed: 4-28-16 Hole depth: 122' Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check 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*

Purpose of Well (check 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: 7 feet [ above or  below] land surface Date measured: 5-9-16  
*(check one)*

Method of Measurement (check one)  Steel tape  Electric tape  Air line  Other: (describe) \_\_\_\_\_

Well depth: 122' Well grouted to a depth of: 10 feet Type of grout (check one):  Neat Cement  Bentonite  Mix

Casing length: 82 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 76 feet to 115 feet

Type of completion (check 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*

**Received**  
 SEP 07 2016  
 By **OLWR**



County: Tunica  
 Permit #: GW-49427  
 Driller: Irrigation Equipment, Inc.  
 Date drilling completed: 4-28-16  
*Copy information from block on Part 1*

**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 #: B99  
 Aquifer: \_\_\_\_\_

*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>Tri State Properties Inc</u>	Latitude: <u>34 51' 28.5"</u> Longitude: <u>90 12' 23"</u>
Mailing Address: <u>PO Box 424</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Nesbit</u> <u>MS</u> <u>38651</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	_____ ¼ _____ ¼, Sec <u>1</u> T <u>3S</u> R <u>10W</u>
Telephone No. ( ) -	_____ Miles <u>NE</u> of <u>Robinsonville</u>
	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed 5-9-16 Rated Pump Capacity: 2100+/- Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 60 Setting Depth: 70 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 (check 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: \_\_\_\_\_ 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 (check 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.

0695 9-2-16  
 Print Name of Pump Installer and License No. (if applicable) Date

 **Received**  
 Signature of Pump Installer  
 Form: OLWR-SWR-1B (4/13)