

# 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 #: B100  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Tunica  
Permit #: GW-49979J  
Driller: Chad Mattox  
Date drilling completed: 6/12/17

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.

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>Buddy Allen</u> Mailing Address: <u>Po Box 2128</u>  <u>Tunica</u> <u>MS</u> <u>38676</u> City State Zip-Code Telephone No. ( ) _____		<b>Well or Borehole Location</b> Latitude: <u>34 46 34.1</u> Longitude: <u>90 13 46.1</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SE</u> <sup>NE</sup> <u>SW</u> 1/4, Sec <u>35</u> T <u>03S</u> R <u>10W</u> <u>4</u> Miles <u>S</u> of <u>Banks</u> (Distance) (Direction) (Nearest Town)
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**Well / Borehole Data**

Date drilling started: 6/12/17 Date drilling completed: 6/12/17 Hole depth: 98' Hole diameter: 24"  
Location of the source of any surface water used for drilling: \_\_\_\_\_  
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): 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 (circle 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: 40 feet [above or below land surface] (circle one) Date measured: 6/12/17  
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_  
Well depth: 98 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
Casing length: 58 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 58 feet to 98 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 one screen, describe on next page*

County: Tunica  
Permit #: GW-49979

Well #: B100

If well telescopes, show depths on sketch.

Ground Level	
17	CASING
20	CASING
20	CASING
20	SCREEN
20	SCREEN

[illegible]

Sketch the property layout and include the following:

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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.

if applicable, and state laws.

Chad H. Mattox UNR-8243 6/24/17 Chad H. Mattox  
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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

# 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)

County: TUNICA  
Permit #: GW-49979 ✓  
Driller: CHAD MATTOX  
Date completed: GW-49979  
Copy information from block on Part 1

### For Office Use Only:

Well #: B0100  
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>BUDDY ALLEN</u>		Latitude: <u>34° 46' 34.1"</u>	Longitude: <u>90° 13' 46.1"</u>
Mailing Address: <u>P.O. BOX 2128</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>TUNICA</u> <u>MS</u> <u>38671</u>		<u>SE</u> <u>NE</u> <u>SW</u> <u>1/4</u> , Sec <u>35</u> T. <u>03S</u> R. <u>10W</u>	
City State Zip Code		<u>5.5</u> Miles <u>SE</u> of <u>ROBINSONVILLE</u>	
Telephone No. <u>(662) 357-5400</u>		(Distance) (Direction) (Nearest Town)	

Pump Type (circle one)	
Submersible <u>Turbine</u> Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____	
Date Pump Installed: <u>6-13-17</u>	Rated Pump Capacity: <u>3000</u> Gallons Per Minute
Is This Pump (circle one): <u>New</u> Repaired Replacement	
Power Type (circle one)	
<u>Electric</u> Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____	
Horse Power Rating of Motor: <u>60</u>	Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

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Pump Test Data for Non Flowing Well	
Date Well Tested: _____	Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>40</u> 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: _____	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	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>DAVID P. HOLT</u> <u>0-752P</u>	<u>6-27-17</u>	<u>[Signature]</u>
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer

17-0249