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	Vell Report	Fan OM . VI O I
The state of the s	'art i	For Office Use Only:
	nt of Environmental Quality and Water Resources	Aquiter.
C No C an	Box 10631	Well # D- 107
Jackson, N	4S 39289-0631	L. S. Pievation
	961-5210	
[WELLE] (601)35	4-6938 (fax)	E-log #
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed w	ith the Department within
Well Owner Information	Well	Location
Owner Name DUKE PERRY	Latitude: 34 . 44 . 286	. Longitude:091-21 018"
Mailing Address: 1055 NUKE Rd.	Method of Lat/Long (circle on	e): Conventional Survey,
	USGS quad, Hand-held	GPS. Survey-grade GPS
City State Zip Code	5W 14 NE 14 Sec 15	Twn 45 Rng 11 W
	Distance Direction	Nearest Town
Telephone No. (662) 33-3345		Nearest Town of UNICA MS
Well I	Data	
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started. 3-30-06		
If flowing, method of flow regulation: Valve Other (d	lescribe)	
Static Water Level:	land surface Date measured:_	4-8-06
Method of Measurement (circle one) steel tape electric tape	air line other:	Pro-
Hole depth: 180 Well depth: 180 \$2	Well grouted to a depth of _	10 feet
Type of grout (circle one): Cement Rentonite Mix		APR 2 1 2006
Casing length: 66 feet Casing diameter: 16 inches Type of casing: PVC BY: 01 W		
Screen length: Ut feet Screen diameter: 16 inches Type of screen: PVC SLOTED		
Screen slot size: Setting depth: From		l d Q feet
Type of completion (circle all applicable): Gravel packet Underreamed Telescoped Open hole Natural Development		
Other (describe):		
Top of lap pipe or reduction in casing:feet If telescoped or more than one screen, describe on back of page		een, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: W31UNL		
Name of organization running log(s):		
I certify that the well was drilled, constructed, and completed in a		- 1
Department of Environmental Quality and/or the Mississippi Dep	artment of Health regulations	and state laws.

ALANPYLE 0674

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

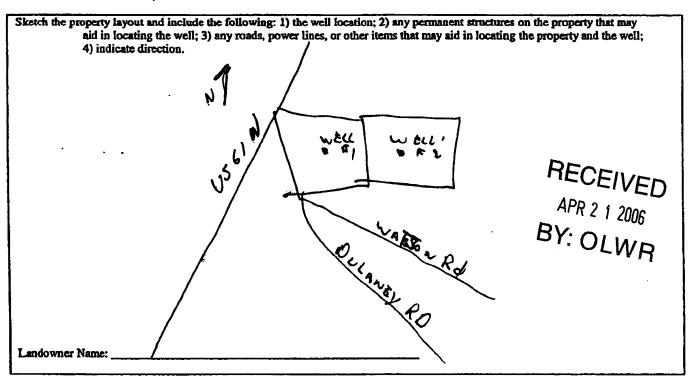
D	_	10	1

If well telescopes please sketch below and show depths.

Ground Level	Gu	40974
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Description of Formations Encountered	Prom	To
Should Iso	0	50
This Road	50	60
Course Sal	60	18 11
Course Sand & Chaush	180	1700
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If more than one screen, show location of each on aketch



Signature of Water Well Contractor

STATE WELL REPORT Part 2

Pump Installer's Completion Report

Permit #: ______ Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210

	For Office Use Only:
Aquifer	2
Well #:	1)- 10%

(601)354	L-6938 (fax)
This report must be prepared by the pump installer in installation of pump. A copy of Part 1 of this report mu	detail and filed with the Department within 30 days of the
Well Owner Information	Well Location
Owner Name: Duke Perry	Latitude 1 34 0 44 1 280 " Longitude 1 090 0 2 1 . 0 1 4 "
Mailing Address: 1211 Duke Road	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Tunica 1775 36676 City State Zip Code	5W 1/4 NE 1/4 Sec 15 Twn 45 Rng 1/W
City State Zip Code	Distance Direction Nearest Town
Telephone No. (462) 292 - 0627	_3 Miles _ N of Tunica, MS
Pump Type Circle one	Power Type 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: 4/12/06	Setting Depth: 60 RECEIVE
Rated Pump Capacity: 1700 Gallons Per Minute	Number of Stages: APR 2 1 2006
Pump Test Data	. Method of Measuring Water Circle one
Date Well Tested:	Air Line Electric Measuring Line Steel Tape
Static Water Level (A):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:feet
Test Pumping Rate: Gallons Per Minute	Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
I HEREBY CERTIFY that the above statements are true to the be DAULD P. HOLT 0-752 P Print Name of Pump Installer and License No. (if applicable)	st of my knowledge. Signature of Pump Installer

Job# 68