	\neg S
County: There can	Pa
Permit#: GW - 44645 J	Mississippi D Office
Driller: Dolla Orlling	

Date drilling completed: 3-22-11

State Well Report

Part 1 — Driller's Log
pi Department of Environmental Quality

ze of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961- 5210 (601)961- 5228 (fax)

_	For Office Use Only:
	Aquifer: 113 _
•	Well #:
	L. S. Elevation:
	E-log#:

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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 barehole.

	iletion of drilling of the well or borehole.			
Information on Well Owner	Well or Borchole Location			
(Landowner if borehole is not for a water well)	and the second second			
Owner Name Jeck Dag Perry	Latitude N34 ° 45' 456" Longitude 1290 ° 22 ' 154"			
Owner Name Over the Telly	18			
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS Survey-grade GPS			
PO BOX 2128				
	NE 1/4 NW 1/4 Sec 9 Twn 45 Rng 1/W			
City State Zip Code				
City State Zip Code	Distance Direction Nearest Town			
The same of the sa	4 Miles North of Tunica			
Telephone No. ()_				
Well / Bore	hole Data			
Date drilling started: 3-22-11 Date drilling completed: 3-22-	Il Haladards 97 H. F. ad			
Location of the source of any surface water used for drilling: 3/4 Method of dosing and volume of Chloring used in drilling and develop	mile Sed			
Method of dosing and volume of Chlorine used in drilling and develo	pment:			
Logs run (circle all applicable): No log run Electric Gamma Ray	Density Sonic Neutron Other:			
Name of organization running log(s).				
D 61 1 2 4 2 4 2 4 2 4 2 4 2 4 4 4 4 4 4 4				
Purpose of borehole (check one): Water Well Geotechnical/Geolo	gical 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 one): Home Industrial Public Supply_	Irrigation V Fish Cultura Other			
If a flowing well, method of flow regulation: Valve Oti	ner (describe)			
Static Water Level: 6 feet above of below (sircle one) land surface Date measured: 3-23-11				
Method of Measurement (circle one) steel tape electric tape air line other.				
Well depth: 92 Well grouted to a depth offeet Type of	of prout (girale ana), Neat Comment Days			
Casing length: 52 feet Casing diameters //	inches Time of anima Pill			
cusing length. 32 cct Casting thankler.				
Casing length: 52 feet Casing diameter: 14				
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVL			
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVL			
Screen length: 40 feet Screen diameter: 16 Screen slot size: .032 inches Setting depth: From				
Screen length: 40 feet Screen diameter: 16 Screen slot size: .032 inches Setting depth: From				
Screen length: 40 feet Screen diameter: 16 Screen slot size: .032 inches Setting depth: From Type of completion (circle all applicable): Gravel packed Underre	inches Type of screen: PVC			
Screen length: 40 feet Screen diameter: 16 Screen slot size: .032 inches Setting depth: From Type of completion (circle all applicable): Gravel packed Underre	_inches			
Screen length: 40 feet Screen diameter: 16 Screen slot size: .032 inches Setting depth: From Type of completion (circle all applicable): Gravel packed Underre	inches Type of screen: PVL 52 feet to 92 feet amed Telescoped Open hole Natural Development.			

Form: OLWR-SWR-1A (04/08)

28 x 2 5 2377

The	باحضاء	balan	and a	racuicad	fa-	water wells
2 71E	SARICII	NEWW	One	reynirea	[OF	water wells

If well telescopes, show depths on sketch.
Ground Level_____

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

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Description of Formations Encountered	From (depth)	To (depth)
Louise Soud grove	Ground Level	
Gooise soud & grove	ie	92
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		ļ
		
	 	
		
	 	
		
		

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

Sketch the property layout and include the following: All anorth arrow.	1) the well location; 2) any ower lines, or other items th	permanent structures on the property that may not may aid in locating the property and the well;
Plantation 16d.		e ricl
Landowner Name: Jeck Oo, Perry		,
		Form: Of WR-SWR-14 (0)

Form: OLWR-SWR-1A (04/08)
I 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,

List Shockley # 2561 3-25-11

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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STATE WELL REPORT

UNSCA Part 2 For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources DII3 P.O. Box 2309 Date completed: __3-18-1/ Jackson, MS 39225 (601)961-5210 Elevation: (601)961-5228 (fax) 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 Latitude: 340 45. 21.28 "Longitude: 90.22 18.41" Owner Name: Mailing Address: Method of Lat/Long (check one): Conventional Survey_ USGS quad , Hand-held GPS__, Survey-grade GPS Distance Direction Nearest Town NZ 357-5400 Pump Type Power Type Circle one 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: Setting Depth: Rated Pump Capacity: 2200 Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line 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 yielded _____ GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping 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)

Form: OLWR-SWR-1B (Q4/Q8)

Signature of Pump Installer