| County: Turkica                              | _ |
|--|---|
| Permit #: <u>GW-46702</u>                    |   |
| Driller: Tommy Peacock                       |   |
| Date drilling completed: $\frac{\ell}{\ell}$ |   |

Well Owner Information

(Landowner if borehole is not for a water well)

# 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 #: D126         |
| Aquifer:             |
| E-Log #:             |
|                      |

Well or Borehole Location

Latitude: 34-41 - 29 Longitude: 90-21-29

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.

| Owner Name:  |
|--|
| USGS quad, Hand-held GPS_X_, Survey-grade GPS  |
| Telephone No. ()   |
| Telephone No. ()  Well / Borehole Data  Date drilling started: 6/6/13 Date drilling completed: 6/6/13 Hole depth: 15 Hole diameter: 26  Location of the source of any surface water used for drilling: 0.14  2 miles north of well lands  Method of dosing and volume of Chlorine used in drilling and development: Chlorine used in drilling and development: |
| Well / Borehole Data  Date drilling started: 6/6/13 Date drilling completed: 6/6/13 Hole depth: 115 Hole diameter: 26  Location of the source of any surface water used for drilling: 15 Touch 2 Touch of well location  Method of dosing and volume of Chlorine used in drilling and development: Chlorine trank  |
| Date drilling started: 6/6/13 Date drilling completed: 6/6/13 Hole depth: 115 Hole diameter: 26"  Location of the source of any surface water used for drilling: 6/14/10 Z. miles north of well location  Method of dosing and volume of Chlorine used in drilling and development: Chlorinated in tank  |
| Date drilling started: 6/6/13 Date drilling completed: 6/6/13 Hole depth: 115 Hole diameter: 26"  Location of the source of any surface water used for drilling: 6/14/18 Z. miles north of well location  Method of dosing and volume of Chlorine used in drilling and development: Chlorinated in tank  |
| Method of dosing and volume of Chlorine used in drilling and development: Chlorine used in Tank  |
|  |
| Logs run (circle all applicable): No log rup 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:feet [above or below] land surface Date measured:(circle one)   |
| Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):  |
| Well depth: 15 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Rentonite Mix   |
| Casing length: 75 feet Casing diameter: 17 inches Type of casing: 170  |
| Screen length: 40 feet Screen diameter: 12" inches Type of screen: PVC   |
| Screen slot size: 150 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 one screen, describe on next page  Form: OI WR-SWR-1A (4/13)  |

| County: Tunica                                 | For Office Use Only:   |
|--|--|
| Permit #: <u>GW - 4670Z</u>                    | well #:  |
| he skately helow only required for water wells | Description of formations encountered must be provided for all |

## The sketch below only required for water wells

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

| Ground Level           | <b>7</b>                            |
|------------------------|-------------------------------------|
| 1 15'                  | clay                                |
| 10'                    | Clay + Fime sand                    |
| zs<br>zs<br>ss 30'     | clay Isand mix                      |
| 30                     | coase and formel                    |
| 95 10                  | 9' Fine sand<br>1' gravel           |
| 95<br>1 20<br>115      | 1 gravel                            |
| If more than one scree | en, show location of each on sketch |

| Description of | formations encountered must be provided for all | well. |
|----------------|---|-------|
|                | unless specifically exempted by regulations     |       |

| Description of Formations Encountered | From (depth) | To (depth)  |
|---------------------------------------|--------------|-------------|
| Clay .                                | Ground level | <b>B</b> 15 |
| Clay & Fine sond                      | 15           | <b>Z</b> 5  |
| Clay sond mix                         | 75           | <i>5</i> 5  |
| Coarse sould + gravel                 | 55           | 85          |
| 9' Fire send of 1' Expand             | 85           | 95          |
| gove                                  | 95           | 115         |
| O .                                   |              |             |
|                                       |              |             |
|                                       |              |             |
|                                       |              |             |
|                                       |              |             |
|                                       |              |             |
|                                       |              |             |
|                                       |              |             |
|                                       |              |             |
|                                       |              |             |
|                                       |              |             |
|                                       |              |             |
|                                       |              |             |
|                                       |              |             |
|                                       |              |             |

| Sketch | the | property  | layout | and | include | the | following | g: |
|--------|-----|-----------|--------|-----|---------|-----|-----------|----|
| 1)     | the | well loca | tion   |     |         |     |           |    |
|        |     |           |        |     |         |     |           |    |

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

RECE

'JUL 0 1 2019

BY

Landowner Name:

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.

Signature of Licensee

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

#### STATE WELL REPORT Part 2 TUNICA County: For Office Use Only: Pump Installer's Completion Report Permit # GW- 46702 DIAL Mississippi Department of Environmental Quality Driller: TOMMY PSACOLE Office of Land and Water Resources P.O. Box 2309 Date completed: lo-lo-13 Aguifer: \_\_\_\_\_ Jackson, MS 39225-2309 Copy information from block on Part 1 (601)961-5210 (601) 360-0535 (fax) 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 Latitude 34° 41. 29" Longitude: 90° 21. 29" Owner Name: JIM PEG2AM Mailing Address: P.O. BOX //// Method of Lat/Long (check one): Conventional Survey\_\_\_\_ USGS guad\_\_\_\_\_\_, Hand-held GPS\_\_\_\_\_, Survey-grade GPS\_\_\_\_ SEN 1/4 NES 1/4 Sec 3/3 34 T 045 R //W 38676 TUNLICA Telephone No. (662) 357-3596 Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Date Pump Installed: 6-/2-/3 Rated Pump Capacity: 900 Gallons Per Minute Is This Pump (circle one): New) Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): 40 Setting Depth: 60 feet Number of Stages: Horse Power Rating of Motor: 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 Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute Drawdown [(B) - (A)]: \_\_\_\_\_ 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: To BE INSTALL ED 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 instalted to penufacturer 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)

Tal Miller

\_

Signature of Pump Installer
Form: OLWR-SWR

3)OLWH