

State Well Report

Part I - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:

County: Tunica, MS
Permit #: 6W-47960
Driller: TEDD [signature]
Date drilling completed: 3/20/14

Aquifer:
Well #: D 128
L.S. Elevation:
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.

Information on Well Owner (Landowner if borehole is not for a water well)
Owner Name: Jim Pagan III
Mailing Address: 1228 Woolfork Avenue
City: Tunica, MS 38676
Telephone No.:
Well or Borehole Location
Latitude: 34° 42' 00" Longitude: 90° 21' 31"
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 NE 1/4 Sec 33 Twn 04S Rng 11W
Distance: 14 Miles Direction: EAST of Nearest Town: Tunica

Well / Borehole Data
Date drilling started: 3/20/14 Date drilling completed: 3/20/14 Hole depth: 118 Hole diameter: 22
Location of the source of any surface water used for drilling: Nearest well
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 (check one): Water Well [checked] Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe)

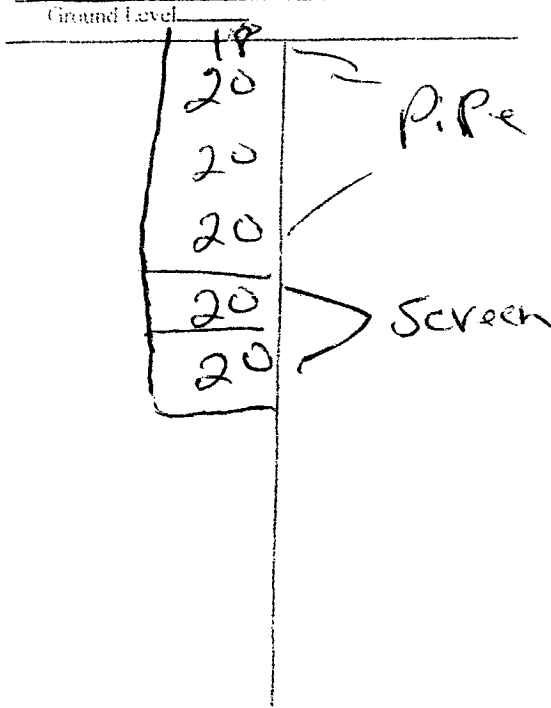
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (check one): Home Industrial Public Supply Irrigation [checked] Fish Culture Other:
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 20 feet above or below (circle one) land surface Date measured: 3/20/14
Method of Measurement (circle one) steel tape electric tape [checked] air line other:
Well depth: 118 Well grouted to a depth of 70 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 78 feet Casing diameter: 12 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC
Screen slot size: 0.50 inches Setting depth: From 0 feet to 70 feet
Type of completion (circle all applicable): Gravel packed [checked] 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 next page

Form: OLWR-311-1009
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The sketch below only required for water wells.

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	10
Coarles	10	20
Coarles	20	40
Sand	50	60
Sand	60	70
Sand	70	80
Sand	80	90
Sand	90	110

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

Sketch the property layout and include the following: 1) the well location; 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) a north arrow.

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Landowner Name: Jim Ingram III

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.

TEDDY COOKS 5318 3/20/14 Jed Cooks
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: _____

Aquifer: _____

County: TUNICA
 Permit #: GW-47960
 Driller: VOLTED WELL SERVICE
 Date completed: 3-20-14
 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	Well Location
Owner Name: <u>JIM PIGRAM III</u>	Latitude: <u>34° 42' 00"</u> Longitude: <u>90° 21' 31"</u>
Mailing Address: <u>1268 WOOLFORK AVE</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>TUNICA</u> MS <u>38676</u>	<u>NE</u> 1/4 <u>NE</u> 1/4, Sec <u>33</u> T. <u>04S</u> R. <u>11W</u>
City State Zip Code	<u>3/4</u> Miles <u>E</u> of <u>TUNICA</u>
Telephone No. <u>(662) 357-3596</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 4-10-14 Rated Pump Capacity: 1200 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): _____

Horse Power Rating of Motor: 25 Setting Depth: 60 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): 20 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: N/A 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 installed to manufacturer specifications. For agricultural wells, a list of approved meters is on the MDEQ website.

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 MAY 13 2014
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

DAVID P. HOLT 0-752P 5-6-14 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

14-0081