

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 #: D129
Aquifer: _____
E-Log #: _____

County: Tunica
Permit #: GW-47573
Driller: Delta Drilling
Date drilling completed: 8-1-13

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Duke Perry</u>	Latitude: <u>N39° 43' 52.11</u> Longitude: <u>W90° 24' 24.98"</u>
Mailing Address: <u>1040 Perry Farms Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Tunica, Ms. 38676</u>	<u>SE 1/4 SW 1/4, Sec 18 T 4S R 11W</u>
City _____ State _____ Zip Code _____	<u>2</u> Miles <u>NW</u> of <u>Tunica, Ms.</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 8-1-13 Date drilling completed: 8-1-13 Hole depth: 105 Hole diameter: 24"
 Location of the source of any surface water used for drilling: Dia well at site
 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

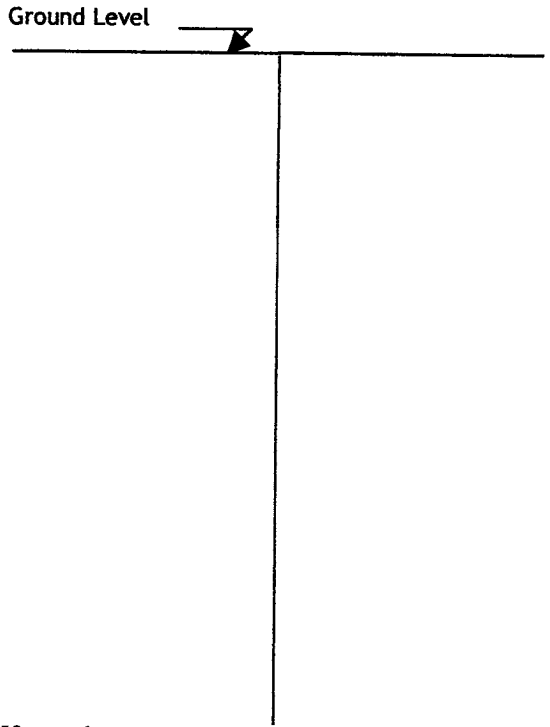
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 21 feet [above or below] land surface Date measured: 8-2-13
(circle one)
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 105 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 65 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: 0.032 inches Setting depth: From 65 feet to 105 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: _____
 Permit #: _____

For Office Use Only:
 Well #: D 129

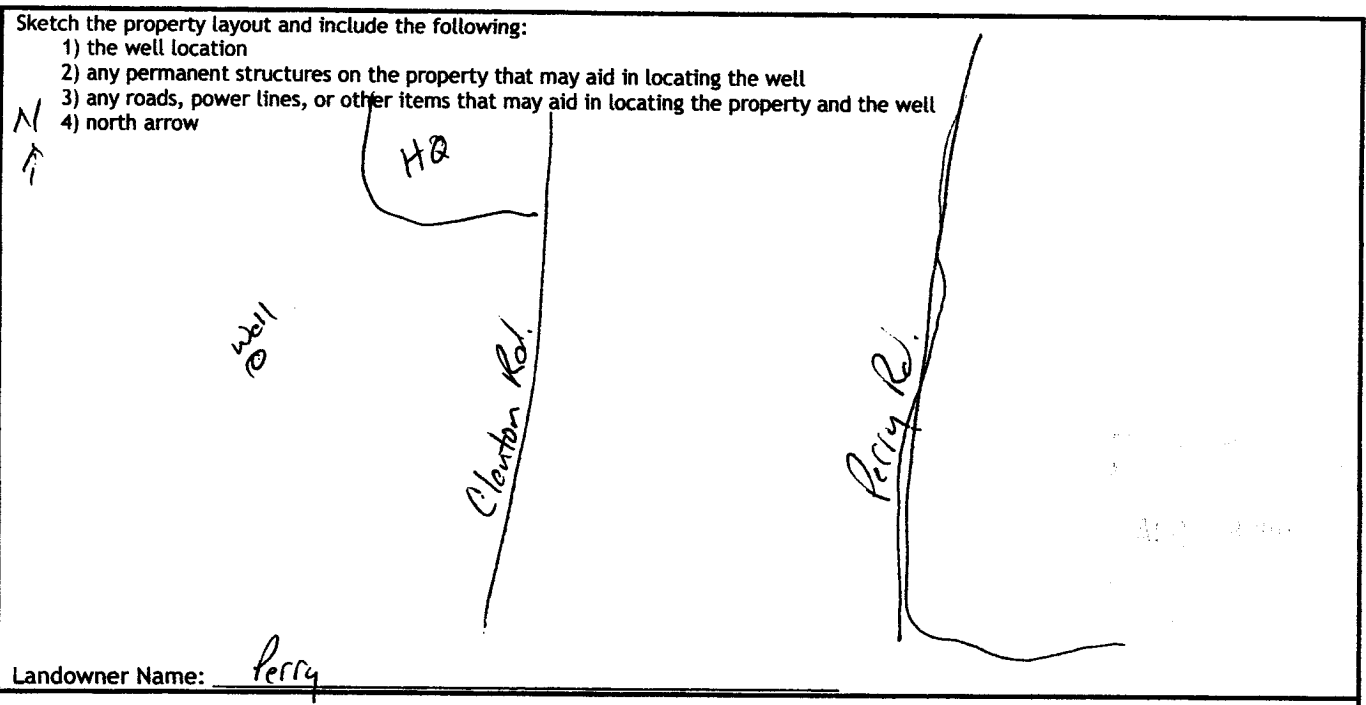
The sketch below only required for water wells
If well telescopes, show depths on sketch.



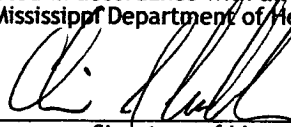
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
loamy soil		13
coarse sand & gravel	14	105

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



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.

Chris Snockky 2561 8-30 
 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)

County: <u>Tunica</u>
Permit #: <u>GW-47573</u>
Driller: <u>Delta Drilling</u>
Date completed: <u>8-30-13</u>
<i>Copy information from block on Part 1</i>

For Office Use Only:
Well #: <u>D 179</u>
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>Dulce Perry</u>	Latitude: <u>N34° 43' 52.11"</u> Longitude: <u>W90° 24' 24.98"</u>
Mailing Address: <u>1040 Perry Rd.</u> <u>Tunica, Ms. 38676</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE</u> ¼ <u>SW</u> ¼, Sec <u>19</u> T <u>45</u> R <u>11W</u>
Telephone No. (____) _____	<u>2</u> Miles <u>NW</u> of <u>Tunica Ms.</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)	
Submersible <input checked="" type="checkbox"/> <u>Turbine</u> Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____	Date Pump Installed: <u>8-2-13</u> Rated Pump Capacity: <u>2000</u> Gallons Per Minute
Is This Pump (circle one): New Repaired <input checked="" type="checkbox"/> <u>Replacement</u>	
Power Type (circle one)	
Electric <input checked="" type="checkbox"/> <u>Diesel</u> Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____	
Horse Power Rating of Motor: <u>150</u> Setting Depth: <u>60</u> feet Number of Stages: <u>3</u>	

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
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>Chris Shackley 2561</u>	<u>8-30-13</u>	
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer