

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 #: D134
Aquifer: _____
E-Log #: _____

County: Tunica
Permit #: MS-GW-49716
Driller: Tommy Peacock Sr
Date drilling completed: 1-12-17

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Simpson Tate Place LLC</u>	Latitude: <u>N34° 43' 58"</u> Longitude: <u>W90° 26' 14"</u>
Mailing Address: <u>1716 Saint Ann St</u>	Method of Lat/Long (check one): Conventional Survey _____
City: <u>Jackson</u> State: <u>MS</u> Zip Code: <u>39202</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. () _____	<u>S10 NE 1/4 SW 1/4 Sec 14 T045 R11W</u>
	<u>2</u> Miles <u>N</u> of <u>Tunica</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>1-12-17</u> Date drilling completed: <u>1-12-17</u> Hole depth: <u>115'</u> Hole diameter: <u>24"</u>
Location of the source of any surface water used for drilling: <u>nearby ditch</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>when filling tank</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/ Geological Investigation <input type="checkbox"/> Ground Source Heat Pump
Seismic Survey <input type="checkbox"/> Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>27'</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: _____ (circle one)
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>115'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>75</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>1/8" / 0.032</u> inches Setting depth: From <u>75</u> feet to <u>115</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> 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/SAR 1A (4/10)

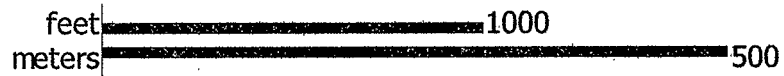
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FEB 08 2017

BY OLWR



Google Earth



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FEB 08 2017
BY OLWR

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 #: DL34

Aquifer: _____

County: TUNICA
 Permit #: GW-49716
 Driller: Tommy Procaok Sr
 Date completed: 1-12-17
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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>BCF 09</u> Mailing Address: <u>PO Box 2399</u> <u>Tunica</u> <u>MS</u> <u>38674</u> City State Zip Code Telephone No. <u>(662) 363-3587</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>34°43.58"</u> Longitude: <u>90°20.14"</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SW</u>^{NE} <u>SW</u> 1/4, Sec <u>14</u> T <u>04S</u> R <u>11W</u> <u>2.9</u> Miles <u>NE</u> of <u>TUNICA</u> (Distance) (Direction) (Nearest Town)</p>
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Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 1-13-17 Rated Pump Capacity: 2200 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: 60 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): 27 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: **RECEIVED**
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____ **FEB 10 2017**
 Installation Date: _____ Meter installed by: _____
 Is This Meter (circle one): New Repaired Replacement **BY OLWR**

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 HEREBY CERTIFY that the above statements are true to the best of my knowledge.

DAVID P. HOLT 0-752P 2-7-17 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

16-1003