

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: D144
Aquifer: _____
E-Log #: _____

County: Tunica
Permit #: _____
Driller: W. Bryant
Date drilling completed: 8-17-19

elev 191

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>Edwin Redmond</u>	Latitude: <u>34°41.26' N</u> Longitude: <u>090°22.47' W</u>
Mailing Address: <u>1025 Magnolia Dr.</u>	<u>34.687667</u> <u>90.374500</u>
City: <u>Tunica</u> State: <u>MS</u> Zip Code: <u>38676</u>	Method of Lat/Long (check one): Conventional Survey _____
Telephone No. <u>(662) 671-5849</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
	<u>SW</u> 1/4 <u>SW</u> 1/4, Sec <u>33</u> T <u>4S</u> R <u>11W</u>
	_____ Miles of <u>Tunica MS</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8-17-19</u> Date drilling completed: <u>8-17-19</u> Hole depth: <u>124'</u> Hole diameter: <u>7"</u>
Location of the source of any surface water used for drilling: <u>Near by ditch</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>none</u>
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): <u>N/A</u>
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <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>22</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>8-17-19</u>
Method of measurement (check one): <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>water level meter</u>
Well depth: <u>124'</u> Well grouted to a depth of: <u>12</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>104</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>SCH 40 PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC slotted</u>
Screen slot size: <u>0.13</u> inches Setting depth: From <u>104</u> feet to <u>124</u> feet
Type of completion (check all applicable): <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>0</u> feet

If telescoped or more than one screen, describe on next page

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