	State We	ell Report		
County: TunicA	Part 1 - Driller's Log		For Office Use Only:	
Permit #: GW 43330	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:	
Driller: Della Alling of TuniZA	P.O. Box 2307		Well#: <u>E49</u>	
Date drilling completed: U-Jb-07	Jackson, MS 39225 (601)961-5210		L. S. Elevation:	
Date drilling completed: (J JD - U (	(601)961- 5228 (fax)		E-log#:	
State Law requires that this repor	ı rt be prepared by the lice.	l Inse holder responsible for t	· · · · · · · · · · · · · · · · · · ·	
Department at the above address	within 30 days of compl	etion of drilling of the well	or borehole.	
Information on Well ( (Landowner if borehole is not fo	or a water well		rehole Location	
Owner Name Pefel Duleney		Latitude: <u>N34 ° 26 ' 928</u>	" Longitude: 190° 18 '215"	
Mailing Address: P.O. Box	Method of Lat/Long		" Longitude: 190° 18 140 e): Conventional Survey,	
Walling Address.		USGS quad Hand-held	GPS, Survey-grade GPS	
T	20.71	SW 14 SW 14 Sec 30	Twn 45 Rng 46	
City State	5. <u>386 / 6</u> le Zin Code	Distance Direction	Newsest Town	
	,	Miles	Nearest Town of Tunica Ms.	
Telephone No. (1/62) 363 - 3064			,	
Well / Borehole Data				
Date drilling started: 6-30-69 Date dri	lling completed: 6-30-04	Hole depth: 100	Hole diameter: 28"	
Location of the source of any surface water	r used for drilling:	dont	ļ	
Method of dosing and volume of Chlorine	used in drilling and develo	pment:		
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 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 Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 16 feet above of below (circle one) land surface Date measured: 7-3-09				
Method of Measurement (circle one) seel tape electric tape air line other:				
Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 60 feet Casing diameter: 16 inches Type of casing: 900				
Screen length: 40 feet Screen diameter: 14 inches Type of screen: PVC				
Screen slot size: + 632 inches Setting depth: From 60 feet to 700 feet				
Type of completion (circle all applicable): Cravel packed 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-SWR-1A (04/08)				

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BY: OLWR

From (depth) To (depth)
Ground Level //

JUL 15 2009

BY: OLWR

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

Description of Formations Encountered

Tomes

	Sand	12	20
	Clay	21	27
	Chy /scrd	28	36
	Coarse sond & gravel	37	100
If more than one screen, show location of each o	n sketch		
N	Gard Rd  St.  K.  K.  K.  K.  K.  K.  K.  K.  K.	use h	Jell
andowner Name: Peter Dulary		orm: OLWR-SWR-	.1A (04/08)
ertify that the well/borehole was drilled, construct			
ississippi Department of Environmental Quality as	nd the Mississippi Department of Health regulatio	ns, if applicable, a	and state
Hlon lyle 40674	7-10-09 (then like	<u>//</u>	
int Name of Responsible Licensee and License No.		ERSCE	<del></del>
		ļ	RECEIVED

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level\_

## STATE WELL REPORT

## County: Permit # Date completed:

## Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources

For Office Use Only:		
Aquifer:		
Well #: _	E49	
Elevation:		

P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax) 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 I 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: Latitude: N34° 26. 498 Longitude: W090° 15. 203 Mailing Address:  $(\ell, 0)$ . Method of Lat/Long (check one): Conventional Survey USGS quad\_\_\_\_, Hand-held GPS V, Survey-grade GPS\_\_\_\_ SW 45W 4 Sec 30 T 48 R 1/10 Distance Direction Nearest Town Miles East of Tunica Ms. Telephone No. (462) 363-3044 Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): \_\_\_ Other (specify): Horse Power Rating of Motor: (00) Date Pump Installed: 7-3-09 Setting Depth: Rated Pump Capacity: 1800 Gallons Per Minute Number of Stages: 3 Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line ( Steel Tape Static Water Level (A): \_\_\_\_\_Feet Below Land Surface Other (specify): Pumping Water Level (B): \_\_\_\_\_Feet Below Land Surface Drawdown [(B) – (A)]: \_\_\_\_\_\_Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): \_\_\_\_\_hours feet after hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge,
alon lule # 0674	alan like
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR-1B (04/08) RECEIVED

JUL 15 2009

BY: OLWR