

# 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:**

Aquifer: \_\_\_\_\_  
Well #: E 65  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Tunica  
Permit #: GW-48944  
Driller: TEDDY Coats  
Date drilling completed: 7/10/15

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Hickory Lane properties LLC</u>	Latitude: <u>34° 43' 16"</u> Longitude: <u>90° 14' 50"</u>
Mailing Address: _____ <u>P.O. Box 457</u> <u>Tunica MS 38676</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>N/E 1/4 SW 1/4 Sec 22 Twn 04S Rng 10W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>N</u> of Nearest Town <u>prichard</u>
Well / Borehole Data	
Date drilling started: <u>4/10/15</u> Date drilling completed: <u>7/10/15</u> Hole depth: <u>110</u> Hole diameter: <u>28</u>	
Location of the source of any surface water used for drilling: <u>nearest well</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input checked="" type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>20</u> feet above or below (circle one) land surface Date measured: <u>4/10/15</u>	
Method of Measurement (circle one) steel tape <input type="checkbox"/> <u>electric tape</u> <input checked="" type="checkbox"/> air line other: _____	
Well depth: <u>110</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <u>Bentonite</u> <input checked="" type="checkbox"/> Mix	
Casing length: <u>70</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>0.50</u> inches Setting depth: From <u>0</u> feet to <u>70</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

AUG 5 2015



# 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: TUNICA  
 Permit #: GW-48944  
 Driller: JOEL JUMPER  
 Date completed: 7-10-15  
Copy information from block on Part 1

**For Office Use Only:**

Well #: E 65  
 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.*

<p><b>Well Owner Information</b></p> <p>Owner Name: <u>Hickory Adams Properties</u>  <u>ASJ PLANNING CO</u></p> <p>Mailing Address: <u>P.O. Box 2128</u>  <u>P.O. Box 457</u></p> <p><u>TUNICA</u> <u>MS</u> <u>38676</u>          City State Zip Code</p> <p>Telephone No. <u>(602) 357-5400</u></p>	<p><b>Well Location</b></p> <p>Latitude: <u>34° 43' N. 9"</u> Longitude: <u>90° 14' 51"</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____,          USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____</p> <p><u>NE</u> ¼ <u>SW</u> ¼, Sec <u>22</u> T. <u>04S</u> R. <u>10W</u></p> <p><u>7 1/2</u> Miles <u>ENE</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: 7-11-15 Rated Pump Capacity: 3000 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: 80 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: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

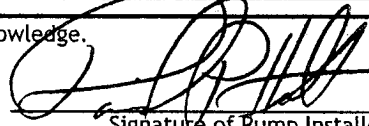
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

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 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 8-7-15   
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

15-0277