

# 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 #: E73  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Tunica  
Permit #: GW-50690  
Driller: Chris Shockley  
Date drilling completed: 4-2-19

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*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>Hickory Lane Properties</u>	Latitude: <u>34.769640</u> Longitude: <u>90°285593</u>
Mailing Address: <u>PO Box 457</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tunica</u> <u>MS</u> <u>38676</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ , Sec <u>5</u> T <u>4S</u> R <u>10W</u>
Telephone No. (____) _____	<u>2</u> Miles <u>S</u> of <u>Robinsonville MS</u>
	(Distance) (Direction) (Nearest Town)

#### Well / Borehole Data

Date drilling started: 4-2-19 Date drilling completed: 4-2-19 Hole depth: 125 Hole diameter: 24"

Location of the source of any surface water used for drilling: Water well 1 mile East

Method of dosing and volume of Chlorine used in drilling and development: 8 gallons chlorine added to tank

Logs run (check all applicable):  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 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: 22 feet  above or  below land surface Date measured: 4-22-19  
(check one)

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 125 Well grouted to a depth of: 10 feet Type of grout (check one)  Heat Cement  Bentonite  Mix

Casing length: 85 feet Casing diameter: 16 inches Type of casing: \_\_\_\_\_

Screen length: 45 feet Screen diameter: 16 inches Type of screen: \_\_\_\_\_

Screen slot size: .032 inches Setting depth: From 85 feet to 125 feet

Type of completion (check 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*

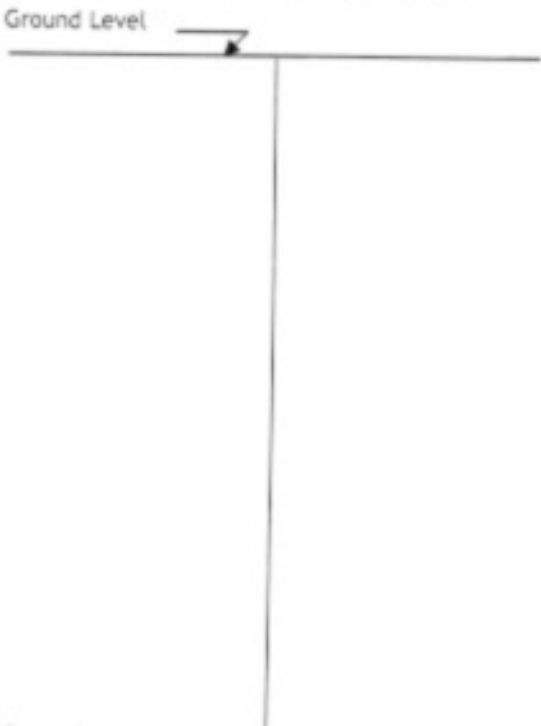
County: Tunica  
 Permit #: GW-50690

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 Well #: E73

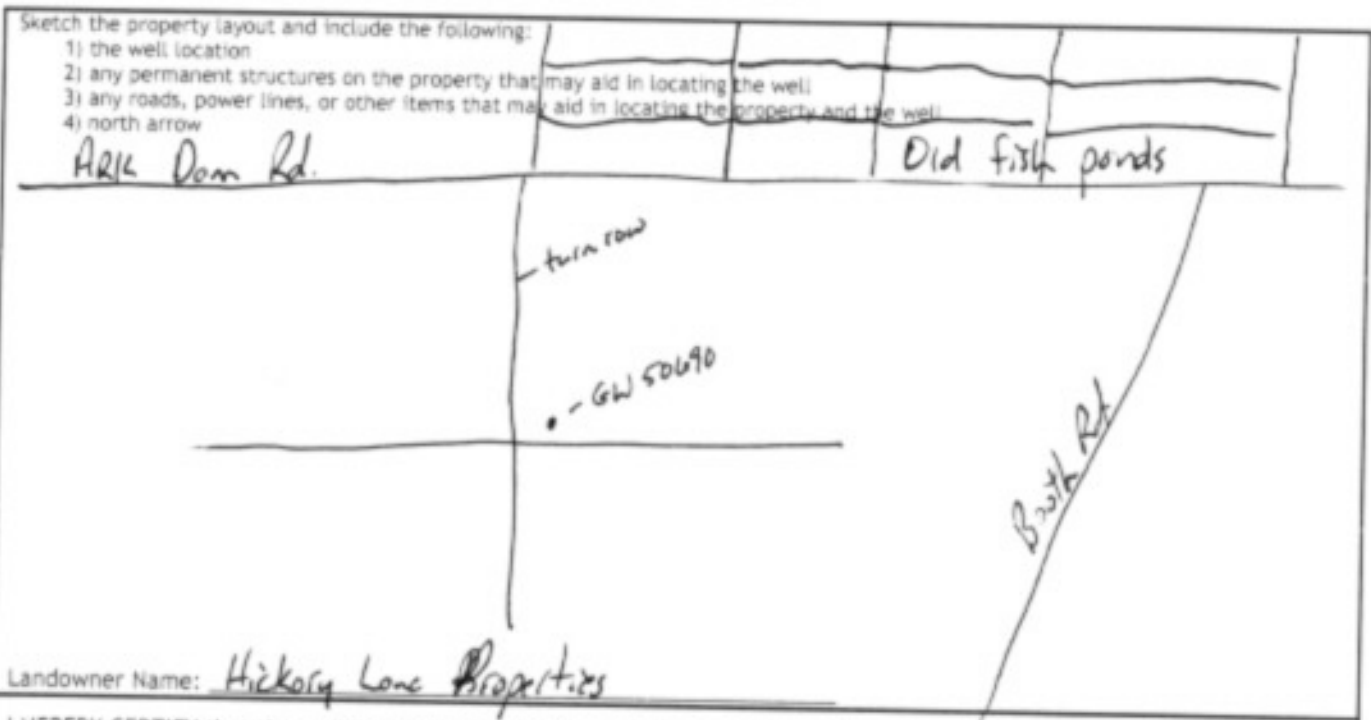
*The sketch below only required for water wells*  
*If well telescopes, show depths on sketch.*

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



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	35
fine sand	36	45
coarse sand / gravel	46	125

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



Landowner Name: Hickory Lane Properties

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 Shackley 2561      10-7-19      Chris Shackley  
 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)

<b>For Office Use Only:</b>	
Well #:	<b>E73</b>
Aquifer:	

County: <u>Tunica</u>
Permit #: <u>GL-50690</u>
Driller: <u>Chris Shackley</u>
Date completed: <del>5-29-19</del> <u>5-29-19</u>
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.*

Well Owner Information	Well Location
Owner Name: <u>Hickory Lane Properties</u>	Latitude: <u>34.769640</u> Longitude: <u>90.285593</u>
Mailing Address: <u>PO Box 457</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tunica</u> <u>MS</u> <u>38676</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	_____ 1/4 _____ 1/4, Sec. <u>5</u> T <u>45</u> R <u>10W</u>
Telephone No. (____) _____	<u>2</u> Miles <u>S</u> of <u>Robinsonville MS</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (check one)	
Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____	
Date Pump Installed: <u>5-29-19</u>	Rated Pump Capacity: <u>2500</u> Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	

Power Type (check one)	
Electric <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____	
Horse Power Rating of Motor: <u>100</u>	Setting Depth: <u>80</u> feet Number of Stages: <u>2</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 (check one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> 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: <u>Mc Crometer</u>	Meter Serial Number: <u>17-0996</u>
Meter Model Number/Name: <u>M0310</u>	Type of Meter: <u>Saddle</u>
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____	
Installation Date: <u>5-29-19</u>	Meter installed by: <u>Delta Drilling</u>
Is This Meter (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> 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>	

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>Chris Shackley 2561</u>	<u>10-7-19</u>	
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer

North  
4 fields

**STATE OF MISSISSIPPI**  
Department of Environmental Quality  
Office of Land and Water Resources  
P.O.Box 2309  
Jackson, Mississippi 39225



**PERMIT  
TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS**

This permit is issued to the landowner named below in accordance with the provisions of the Mississippi Water Laws, Mississippi Code Sections 51-3-1, et seq (1972, as amended), and the regulations and standards as promulgated thereunder. Whether or not specifically named in this permit or in the applications for this permit, anyone using water from the diversion/withdrawal point described below shall do so in compliance with the provisions of this permit. Neither this permit, nor any authority conferred hereby, may be sold, conveyed, encumbered, assigned or otherwise aliened, for any period of time or under any conditions whatsoever. This permit may not be modified, transferred, or revoked without prior action by the Permit Board. Any attempts to modify, transfer or revoke this permit, or to take any other action on this permit, shall be invalid and unenforceable and may result in immediate revocation or suspension of this permit. The holder of this permit shall at all times be responsible for adherence to the terms and conditions of this permit. No agreement between the permit holder and any other party shall affect the obligations and liabilities of the permit holder. Water use under this permit is allowed only when the streamflow or lake level elevation (whichever, if any, is applicable) is above the established minimum, pursuant to Mississippi Code Section 51-3-7. Authorization is hereby granted to divert/withdraw water for the beneficial use designated herein, and for no other purpose, subject to the following terms, conditions, and limitations:

<b>Permit Number:</b>	MS-GW-50690	<b>Total Permitted Acreage:</b>	160
<b>Landowner Name:</b>	HICKORY LANE PROPERTIES LLC		
<b>Landowner Address:</b>	PO BOX 457 TUNICA, MS 38676		
<b>Source of Water:</b>	MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER		
<b>Beneficial Use(s):</b>	IRRIGATION		
<b>Diversion/Withdrawal Location:</b>	SE 1/4 of the NW 1/4	<b>Section:</b> 05	<b>Township:</b> 04S <b>Range:</b> 10W
<b>County:</b>	TUNICA	<b>Quad:</b>	ROBINSONVILLE
<b>Permitted Acreage:</b>	Irrigation: 160	<b>Fish Culture:</b> 0	<b>Wildlife Management:</b> 0
<b>Maximum Volume:</b>	See Special Terms And Conditions (attachment I)		
<b>Applicant Name:</b>	HICKORY LANE PROPERTIES LLC		
<b>Applicant Address:</b>	PO BOX 457 TUNICA, MS 38676		
<b>Date Permit Issued:</b>	03/22/2019		
<b>Date Permit Expires:</b>	03/22/2024		
<b>Date Permit Modified:</b>			
<b>Date Permit Reissued:</b>			

This permit shall be deemed null and void if construction has not begun within one (1) year of the permit issue date.

**SPECIAL TERMS AND CONDITIONS 1:**  
See Attachment I which is hereby declared part of this permit.

  
Gary C. Rikard, Executive Director  
Mississippi Department of Environmental Quality

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