	State W	ell Report					
County: Tunica	Part 1 – D	For Office Use Only:					
County: 10~1CQ		t of Environmental Quality	Aquifer:				
Permit #:	Office of Land ar	nd Water Resources	Well #: <u>G139</u>				
Driller: Jones w. Mason_	P.O. Box 2309						
	Jackson, MS 39225 (601)961- 5210		L. S. Elevation:				
Date drilling completed: 11-25-09	(601)961- 5228 (fax)		E-log #:				
] 	bld					
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 C			orehole Location				
(Landowner if borehole is not f							
Λ .		Latitude: 4 °37,90	\(Nongitude: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Owner Name Air and Heat		Method of Lat/Long (circle or	ne): Conventional Survey.				
Mailing Address: 1712 ditch	Arker Rd.						
		USGS quad, (Hand-held GPS), Survey-grade GPS					
		NW 1/ NW 1/ Sec 8	Twn SS Rng 11 w				
Towica No City Sta	S 38676	SW					
City Sta	te Zip Code		Nearest Town				
Telephone No. (662) 838-808	· 2	Miles	of Tunica				
Telephone No. (44) 030 5-0							
	Well / Bore	hole Data					
Date drilling started: 11 - 20 - 09 Date dr	illing completed: 11-25-	Mole depth: 230	Hole diameter:				
Location of the source of any surface wat	er used for drilling: NA	_					
Method of dosing and volume of Chlorin	e used in drilling and devel	opment:					
Logs run (circle all applicable) No log ru Name of organization running log(s):	n Electric Gamma Ray	Density Sonic Neutron	Other:				
Purpose of borehole (check one): Water W	ell Geotechnical/Geolo	ogical Investigation Ground	d Source Heat Pump				
Seismic	SurveyOther (describe))	lock				
	If drilling is not related to water well construction, skip the remainder of this block						
Purpose of Well (check one): Home	ndustrial Public Supply	Irrigation Fish Culture	Other:				
If a flowing well, method of flow regulation	on: Valve O	ther (describe)					
Static Water Level:feet above or below (circle one) land surface Date measured:							
Method of Measurement (circle one) steel tape electric tape air line other:							
Well depth: Well grouted to a depth offeet Type of grout (circle one): Neat Cement Bentonite Mix							
Casing length:feet Casing diameter:inches Type of casing:							
Screen length:feet Screen							
Screen slot size:inches	Setting depth: From	feet to					
Type of completion (circle all applicable): Gravel 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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The sketch below only required for water wells

If well telescopes,	show	depths	on	sketch.
Ground Level.		-		

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

Description of Formations Encountered	From (depth)	To (depth)
Cley dirt	Ground Level	15
white soud	15	95
gravel	95	140
Black clay	140	215
while soul	2.5	936
·		

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

			permanent structures on the property that at may aid in locating the property and the	
4) a north arrow.	Orten	Perher	grant E	
	6	O		
· ·	69'	.	g holes each 230'	7
House Landowner Name: Air ord Hest	Services		T/I	

Form: OLWR-SWR-1A (04/08)

I 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.

Tones w Mason 0-620 12-12-09.

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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