

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)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: G-144
Aquifer: _____
E-Log #: _____

County: Tunica
Permit #: GW-48134
Driller: Delta Drilling
Date drilling completed: 5-25-14

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 (Landowner if borehole is not for a water well) | Well or Borehole Location |
|---|--|
| Owner Name: <u>Patrick Johnson</u> | Latitude: <u>34° 35' 19"</u> Longitude: <u>90° 21' 29"</u> |
| Mailing Address: <u>PO Box 1052</u> <u>Tunica, Ms 38676</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City _____ State _____ Zip Code _____ | <u>NW 1/4 NW 1/4, Sec 15 T5S R11W</u> |
| Telephone No. (____) _____ | <u>2.5</u> Miles <u>SE</u> of <u>Tunica</u> (Distance) (Direction) (Nearest Town) |

| Well / Borehole Data | |
|--|--|
| Date drilling started: <u>5-25-14</u> Date drilling completed: <u>5-25-14</u> Hole depth: <u>105</u> Hole diameter: <u>24"</u> | |
| Location of the source of any surface water used for drilling: <u>Fire hydrant 1/4 mile East</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 (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____ | |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i> | |
| Purpose of Well (circle all applicable): Home Industrial Public Supply <u>Irrigation</u> Fish Culture | |
| Other (describe): _____ | |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>24</u> feet [above or <u>below</u>] land surface Date measured: <u>5-25-14</u> (circle one) | |
| Method of measurement (circle one): <u>Steel tape</u> Electric tape Air line Other (describe): _____ | |
| Well depth: <u>105</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix | |
| Casing length: <u>65</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>.032</u> inches Setting depth: From <u>65</u> feet to <u>105</u> feet | |
| Type of completion (circle all applicable): <u>Gravel packed</u> 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

Received
JUN 16 2014
BY OLWR

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)

For Office Use Only:

Well #: G144
Aquifer:

County: Tunica
Permit #: GW-48134
Driller: Delta Drilling
Date completed: 5-26-14
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: Patrick Johnson, PO Box 1052, Tunica, Ms. 38676
Well Location: Latitude: 34° 39' 19" Longitude: 90° 21' 29"
Method of Lat/Long: Conventional Survey
USGS quad: Nw 1/4 NW 1/4, Sec 15 T 5S R 11W
2.5 Miles SE of Tunica, Ms.

Pump Type (circle one): Turbine
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):
Date Pump Installed: 5-26-14 Rated Pump Capacity: 2400 Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement

Power Type (circle one): Electric
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):
Horse Power Rating of Motor: 40 Setting Depth: 60 feet Number of Stages: 2

Pump Test Data for Non Flowing Well
Date Well Tested: Duration of Pump Test (minimum 4 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 (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.

Received
JUN 16 2014
BY OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
C. Shackley 2501 5-26-14 C. Shackley
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer