

County: Tunica
 Permit #: GW-49141
 Driller: 4-5-16
 Date drilling completed: 4-5-16

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 #: G-148
 L. S. Elevation: _____
 E-log #: _____

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 (Landowner if borehole is not for a water well) | Well or Borehole Location |
|---|--|
| Owner Name: <u>Sha Leathherman</u> Mailing Address: _____ <u>P.O. Box 97</u> <u>Robinsonville MS, 38664</u> City State Zip Code Telephone No. () _____ | Latitude: <u>34° 40' 24"</u> Longitude: <u>90° 21' 2"</u> Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> SE USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 03 Twn 055 Rng 11 W</u> Distance Direction Nearest Town <u>1</u> Miles <u>SE</u> of <u>Tunica</u> |
| Well / Borehole Data | |
| Date drilling started: <u>4-5-16</u> Date drilling completed: <u>4-5-16</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): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____ Name of organization running log(s): _____ | |
| Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> 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 (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture <input checked="" type="checkbox"/> Other: _____ | |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>10</u> feet above or below (circle one) land surface Date measured: <u>4-5-16</u> | |
| Method of Measurement (circle one) steel tape <input checked="" type="checkbox"/> electric tape <input 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 checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix | |
| Casing length: <u>70</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>P.V.C</u> | |
| Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>P.V.C</u> | |
| Screen slot size: <u>050</u> inches Setting depth: From <u>0</u> feet to <u>20</u> feet | |
| Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input 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> | |

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

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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-49141
 Driller: JOEL JUMPER
 Date completed: 4-5-16
 Copy information from block on Part 1

For Office Use Only:

Well #: 6148
 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.

| Well Owner Information | Well Location |
|--|---|
| Owner Name: <u>SHEA LEATHERMAN INC</u> | Latitude: <u>34°40.25'</u> Longitude: <u>90°21.24'</u> |
| Mailing Address: <u>P.O. BOX 97</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>ROBINSONVILLE MS 38164</u> | <u>NE 1/4 SW 1/4, Sec 03 T05S R11W</u> |
| City State Zip Code | <u>1.7</u> Miles <u>SE</u> of <u>TUNICA</u> |
| Telephone No. <u>(901) 351-8969</u> | (Distance) (Direction) (Nearest Town) |

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 4-16-16 Rated Pump Capacity: 1000 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement EXISTING

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 30 Setting Depth: 60 feet Number of Stages: 3/1

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 10 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: _____

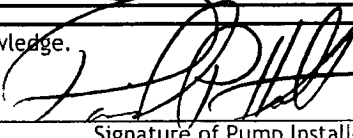
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

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 4-19-16 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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