

# 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 #: **G157**  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Tunica  
Permit #: GW-50592  
Driller: Chris Shackley  
Date drilling completed: 9-3-19

*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>McLean Firm</u>	Latitude: <u>34.684700</u> Longitude: <u>-90.323136</u>
Mailing Address: <u>PO Box 1468</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tunica</u> <u>MS</u> <u>38676</u>	USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ , Sec <u>2</u> T <u>5S</u> R <u>11W</u>
Telephone No. ( ) _____	<u>1.5</u> Miles <u>East</u> of <u>Tunica, MS</u> <small>(Distance) (Direction) (Nearest Town)</small>

Well / Borehole Data
Date drilling started: <u>9-3-19</u> Date drilling completed: <u>9-3-19</u> Hole depth: <u>110</u> Hole diameter: <u>18</u>
Location of the source of any surface water used for drilling: <u>groundwater well 1/4 mile west</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>8 gallons bleach per truck load water</u>
Logs run (check all applicable): <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> 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 all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>24</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>9-4-19</u> <small>(check one)</small>
Method of measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>110</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input type="checkbox"/> neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>70</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.032</u> inches Setting depth: From <u>70</u> feet to <u>110</u> feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <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 (4/13)

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10-21-2019

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 #: **G157**

Aquifer: \_\_\_\_\_

County: Tunica  
Permit #: GW-50592  
Driller: Chris Shockley  
Date completed: 9-4-19  
*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>McLean Farm</u>	Latitude: <u>34.684800</u> Longitude: <u>-90.323136</u>
Mailing Address: <u>20 Box 1468</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Tunica</u> <u>MS</u> <u>38676</u>	_____ 1/4 _____ 1/4, Sec <u>2</u> T <u>55</u> R <u>11W</u>
City State Zip Code	<u>1.5</u> Miles <u>East</u> of <u>Tunica</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: 9-4-19 Rated Pump Capacity: 1600 Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

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

Horse Power Rating of Motor: 40 Setting Depth: 80 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): \_\_\_\_\_ 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  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 (check 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.

Chris Shockley 2561 10-17-19 Chris Shockley

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

Form: OLWR-SWR-2A (4/13)



(COUNCIL)



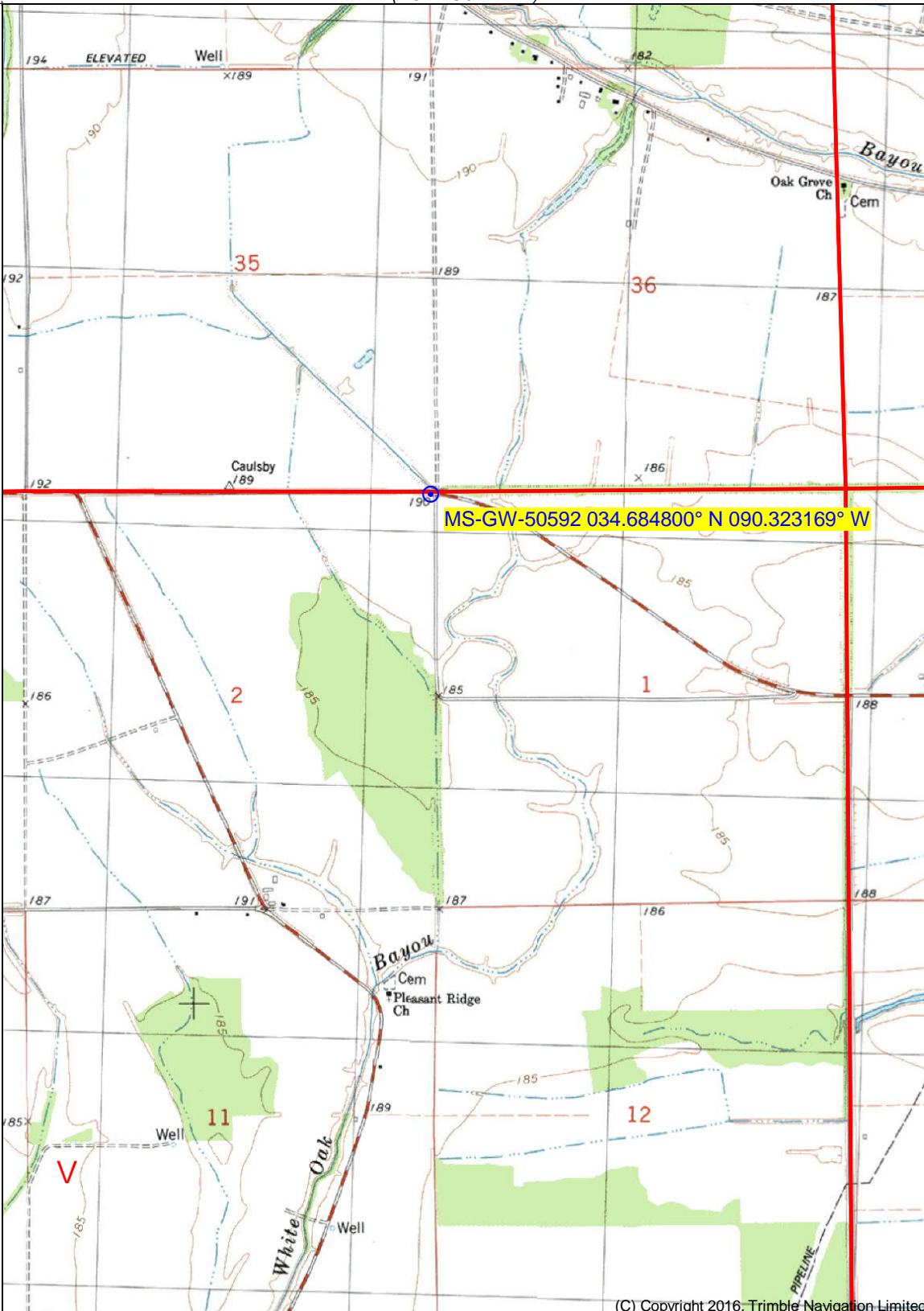
HOLLYWOOD QUADRANGLE  
MISSISSIPPI  
TOPOGRAPHIC SERIES

(BANKS)

090° 20' 29.7680" W  
034° 42' 07.7445" N

(ROBINSONVILLE)

090° 18' 05.8515" W  
034° 42' 07.7445" N



(TUNICA)

(ARKABUTLA WEST)

034° 39' 20.1091" N  
090° 20' 29.7680" W

(WALNUT LAKE)  
SCALE 1:24000

034° 39' 20.1091" N  
090° 18' 05.8515" W

(DUNDEE)

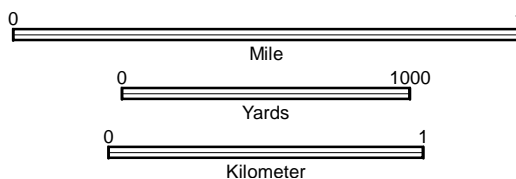
(CRENSHAW NORTH)

Produced by Trimble Terrain Navigator Pro  
Topography based on USGS 1:24,000  
Maps

North American 1983 Datum (NAD83)

To place on the predicted North American  
1927 move the projection lines 11M N and  
9M W

Declination



CONTOUR INTERVAL 5 FT

34090-F3-TM-024  
HOLLYWOOD, MS  
JAN 1, 1982

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