STATE	WELL REPORT			
County: Tuni24	Part 1	For Office Use Only:		
	Driller's Log	Well #: <u> </u>		
I Mississioni Depart	ment of Environmental Quality	Aquifer:		
	and and Water Resources P.O. Box 2309			
Date drilling completed: <u>8-5-13</u> Jacks	on, MS 39225-2309	E-Log #:		
	(601)961-5210			
State Law requires that this report be prepared by the Department at the above address within 30 days of co.				
Well Owner Information	Well or Bore	hole Location		
(Landowner if borehole is not for a water well) $A = \{1, \dots, n\}$	Latitude: N34° 40' 55.98" Lon	gitude 1/90° 15' 43.69"		
Owner Name: Nortleet Inv.		-		
Mailing Address: 55 St. Albins fuy	Method of Lat/Long (check one)			
Memphis, Th. 38111	1	PS <u>√</u> , Survey-grade GPS		
, , , , , , , , , , , , , , , , , , , ,	SENG 1/4 NW 1/4, Sec_	4 T 55 R 10W		
City State Zip Code	7Miles <u>East</u> of			
Telephone No. ()	(Distance) (Direction)	(Nearest Town)		
Well / B	orehole Data			
Date drilling started: $\frac{1-5-13}{5-13}$ Date drilling completed:		Hole diameters 24		
Location of the source of any surface water used for drilling	ng: Ground water well	12 mile / 101th		
Method of dosing and volume of Chlorine used in drilling a	nd development:			
Logs run (circle all applicable): No log run Electric Gamm	na Ray Density Sonic Neutror	n Other:		
Name of organization running log(s):	· · · · · · · · · · · · · · · · · · ·			
Purpose of borehole (circle one): Water Well Geotechni	cal/Geological Investigation G	iround 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 (circle all applicable): Home Industrial		ish Culture		
Other (describe):				
If a flowing well, method of flow regulation: Valve	Other (describe)			
Static Water Level: <u>24</u> feet [above or below] land surface Date measured: <u>8-6-73</u> (circle one)				
Method of measurement (circle one): Steel tape Electric t	ape Air line Other (<i>describe</i>):_			
Well depth: <u>100</u> Well grouted to a depth of: <u>10</u> f	eet Type of grout (circle one):	Neat Cement Bentonite Mix		
Casing length: <u>60</u> feet Casing diameter:				
Screen length: <u>40</u> feet Screen diameter:	16 inches Type of s	creen: PUC		
Screen slot size: <u>032</u> inches Setting depth:	From <u>b</u> feet to	100 feet		
Type of completion (circle 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				

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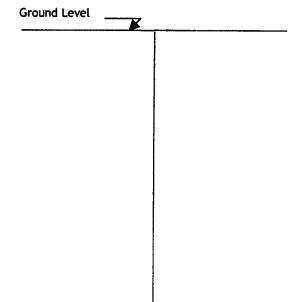
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County:	Tunica
Permit #:	GW-46754

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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

Well #: <u>H</u>44

For Office Use Only:

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	27
•		
fine send	28	43
coorse schol : grovel	44	100
<u>j</u>		
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may a	id in locating the v	well		
\mathcal{N} 3) any roads, power lines, or other items that may aid in \mathcal{A} horth arrow	n locating the prop	erty and the well)	
0 2				Herry
~				
Enne		Beatline Rd.	tan bara	
Landowner Name:		Ŕ	Hort+	
I HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Environ if applicable, and state laws.	constructed, an mental Quality a	d completed in accordance wi and the Mississippi Department	th all applicable	ations,
C. Shockley # 2561	8-6-13	. C. Chilb		
Print Name of Responsible Licensee and License No.	Date	Signature of	Liçensee orm: OLWR-SWR-	

	STATE W	ELL REPORT			
County: 14n.2A		Part 2	For Office Use Only:		
Permit #:	Pump Installe	er's Completion Report	· · ·		
Driller: Delta Urilling		ment of Environmental Quality nd and Water Resources	Well #:		
Date completed: 8-6-13	P	.O. Box 2309	Aquifer:		
Copy information from block on Part 1		on, MS 39225-2309 601)961-5210	Aquirer		
	(601) 360-0535 (fax)			
This part of the report must be complete of the report must be attached and both	d by a licensed water parts filed with the I	well contractor or a licensed pun	p installer. A copy of Part 1		
Well Owner Informati		Well Lo			
Owner Name: Nosfleet In	J.	Latitude: <u>N 34° 40' 55,98''</u> Long			
Mailing Address: <u>55 St. Albons</u>	Fwy.		d of Lat/Long (check one): Conventional Survey,		
Memphis Tr. 3	111	USGS quad, Hand-held GP	S, Survey-grade GPS		
City City		SENEVA NW 14, Sec_			
City State	Zip Code	7 Miles East of	Juniza Ms.		
Telephone No. ()		(Distance) (Direction)	(Nearest Town)		
		oe (circle one)			
Submersible Turbine Air Lift Centrifu	igal Flowing Well	Jet Piston Rotary Other (des	cribe):		
Date Pump Installed: 8-6-13	F	Rated Pump Capacity: <u>250</u>	CGallons Per Minute		
Is This Pump (circle one): New Rep					
		pe (circle one)			
Electric Diesel Gasoline Natural Gas					
Horse Power Rating of Motor: 115	Setting Dept	h: <u> </u>	of Stages: <u>2</u>		
	Pump Test Data	for Non Flowing Well			
Date Well Tested:		Duration of Pump Test (minimu	im 4 hours): hours		
Static Water Level (A): Feet	Below Land Surface	Pumping Water Level (B):	Feet Below Land Surface		
Drawdown [(B) - (A)]:F	eet Below Land Surf	ace Test Pumping Rate:	Gallons Per Minute		
Method of measurement (circle one): Ste	el tape Electric ta	pe Air line Other (<i>describe</i>):			
	Pump Test Dat	a for Flowing Well			
Measured shut in head:feet.					
Well yieldedGPM with a di	awdown of	feet_afterh	nours 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.					
1011					
C. Shockley 2567 Print Name of Pump Installer and License	No. (if applicable)	Date Signatu	are of Pump Installer		
		and the second	Form: QLWR-SWR-1B (4/13)		