

County: Tunica
 Permit #: GW-47667
 Driller: TEDDY COATS
 Date drilling completed: 8-14-14

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)961-5226 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: H49
 I. 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)
 Owner Name: Peter Dulaney Farms
 Mailing Address: _____
P.O. Box 1569
Tunica MS 38674
 City State Zip Code
 Telephone No.: _____

Well or Borehole Location
 Latitude: 34° 37' 36" Longitude: 90° 15' 13"
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 NE 1/4 Sec 28 Twn 05S Rng 10W
 Distance Direction Nearest Town
6 Miles W of Tunica

Well / Borehole Data
 Date drilling started: 8-14-14 Date drilling completed: 8-14-14 Hole depth: 105 Hole diameter: 28
 Location of the source of any surface water used for drilling: Nearest well
 Method of dosing and volume of Chlorine used in drilling and development: _____
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____
 Purpose of borehole (check one): Water Well Geotechnical/Geological investigation _____ Ground 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 (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 20 feet above or below (circle one) land surface Date measured: 8-14-14
 Method of Measurement (circle one) steel tape sonic tape air line other: _____
 Well depth: 105 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 65 feet Casing diameter: 12 inches Type of casing: P.U.C
 Screen length: 40 feet Screen diameter: 12 inches Type of screen: P.U.C
 Screen slot size: 0.50 inches Setting depth: From 0 feet to 70 feet
 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 10-08

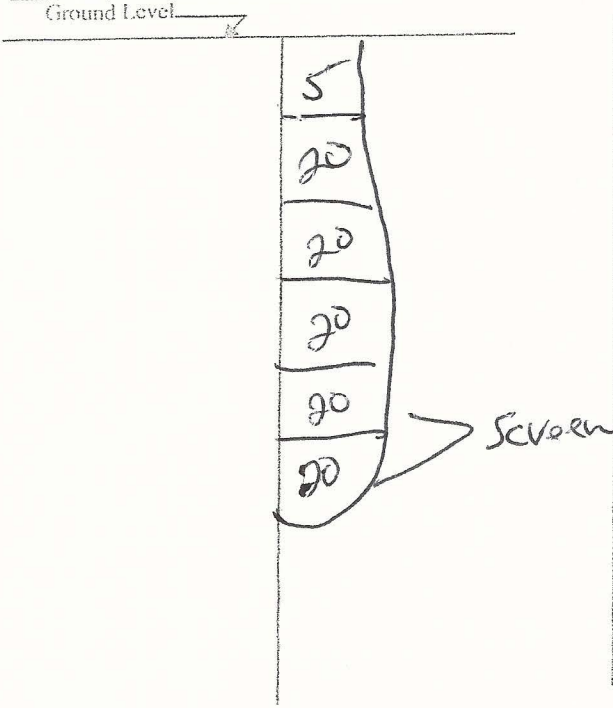
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H49

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Dirt	Ground Level	10
Dirt	10	20
Coars. Sed.	20	40
Coars. Sed.	40	60
Clay	60	80
Gravel	80	100
Gravel	100	105

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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

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Landowner Name: Peter Dulaney

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.

TEDD Coats 5318
Print Name of Responsible Licensee and License No.

8-14-14
Date

Jedj Coats
Signature of Licensee

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 #: HA9

Aquifer: _____

County: TUNICA
 Permit #: GW-47667
 Driller: TEOM COATS
 Date completed: 8.14.14
 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	Well Location
Owner Name: <u>DULANEY FARMS</u>	Latitude: <u>34° 37.36"</u> Longitude: <u>90° 15.13"</u>
Mailing Address: <u>1080 RIVER RD</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>	<u>NE 1/4 NE 1/4, Sec 28 T 05S R 10W</u>
City State Zip Code	<u>8</u> Miles <u>ESE</u> of <u>TUNICA</u>
Telephone No. <u>(662) 561-0330</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 8-27-14 Rated Pump Capacity: 1600 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

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

Horse Power Rating of Motor: 40 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

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

Static Water Level (A): 20 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: NOT AVAILABLE Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

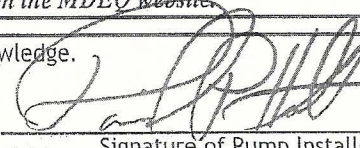
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

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 0-757P 9.17.14 

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

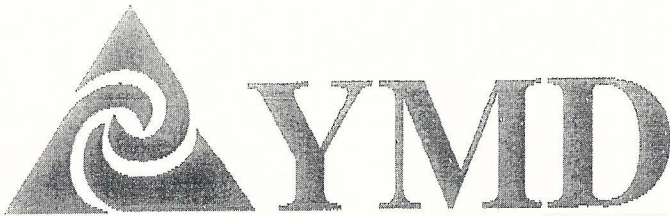
Form: OLWR-SWR-1B (4/13)

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Dean A. Pennington, PhD
Executive Director
P. O. Box 129
Stoneville, MS 38776
Tel.: (662) 686-7712
Fax: (662) 686-9078
www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

H49

September 6, 2013

8-14-14
105
12

Peter Dulaney Farms
PO Box 1569
Tunica MS 38676

RE: Well Construction / Authorization to drill (with Flowmeter)

Permit No: GW-47667

Dear Mr. Dulaney,

This authorization letter is for the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed.

Location: NE 1/4 of the NE1/4 Section 28 Township 05S Range 10W County Tunica
Latitude: 34 37 36 Longitude: 90 15 13

A copy of this notice or a water use permit must be attached to the State Well Report submitted by your driller. This report is a requirement of the State Well Drillers Regulations. A copy of this report must be mail or faxed to YMD Joint Water Management District.

All Applications must meet the Mississippi Department of Environmental Quality rules and regulations. If no adverse comments are received the application will be presented to the Mississippi Department of Environmental Quality State Permit Board for approval.

If you have any questions please call me at (662) 686-7712.

Sincerely,

Dillard D. Melton Jr.
Permitting Director

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