

County Tunica
 Permit # GW-18172
 Driller J. D. Coats
 Date drilling completed 4/3/14

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 # J122
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Douglas Hood</u> Mailing Address: <u>PO Box 38</u> <u>Dundee, MS</u> <u>Dundee MS, 38626</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 35' 33"</u> Longitude: <u>90° 28' 39"</u> Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 04 Twn 06S Rng 12W</u> Distance <u>10.6</u> Miles <u>S</u> of <u>Tunica</u> Nearest Town <u>Tunica</u></p>
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Well / Borehole Data

Date drilling started: 4/3/14 Date drilling completed: 4/3/14 Hole depth: 120 Hole diameter: 16
 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: 4/3/14
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: 0.50 inches Setting depth: From 0 feet to 80 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 (4/08)
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JUL 14 2014

STATE WELL REPORT

Part 2

For Office Use Only

BY: OLWR

County: TUNICA
 Permit #: GW-48172
 Installer: JOLTED WELL SERVICE
 Date completed: 4-3-14
 Copy information from block on Part 1

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)

Well #: J122
 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>DUNDOEE FARMS</u>		Latitude:	<u>34° 35' 33"</u>	
Mailing Address:	<u>P.O. BOX 38</u>		Longitude:	<u>90° 28' 39"</u>	
			Method of Lat/Long (check one):	Conventional Survey _____	
			USGS quad _____,	Hand-held GPS _____, Survey-grade GPS _____	
<u>DUNDOEE</u>	<u>MS</u>	<u>38626</u>	<u>SW 1/4 NW 1/4, Sec 04 T 06S R 12W</u>		
City	State	Zip Code			
Telephone No. <u>(662) 363-1485</u>			<u>3.1</u> Miles	<u>NW</u> of	<u>MAUD</u>
			(Distance)	(Direction)	(Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 7-5-14 Rated Pump Capacity: 1000 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

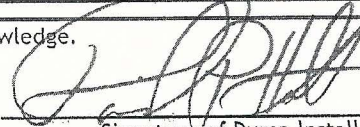
Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 4

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: N/A 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 7-11-14 
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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