

# 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  
(601)961-5210  
(601)961-5228 (fax)

County: Tunica  
Permit #: GW-44307  
Driller: Delta Drilling of Tunica, Inc  
Date drilling completed: 5-29-10

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: K 47  
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>Michael Johnson</u>	Latitude: <u>N 34° 45' 47.1"</u> Longitude: <u>90° 21' 16.6"</u>
Mailing Address: <u>A &amp; J Flooting</u> <u>P.O. Box 2710</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> ✓
City: <u>Tunica</u> State: <u>Ms</u> Zip Code: <u>38676</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS ✓
Telephone No. <u>(662) 357-8067</u>	SE 1/4 NE 1/4 Sec <u>15</u> Twn <u>6S</u> Rng <u>11W</u>
	SW NW <u>14</u>
	Distance: <u>4</u> Miles Direction: <u>East</u> of Nearest Town: <u>Mound, Ms.</u>

**Well / Borehole Data**

Date drilling started: 5-29-10 Date drilling completed: 5-29-10 Hole depth: 95' Hole diameter: 30"

Location of the source of any surface water used for drilling: fire hydrant on Dubbs Rd.

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: 23' feet above or below (circle one) land surface Date measured: 6-2-10

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 95' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 55 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 55 feet to 95 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*

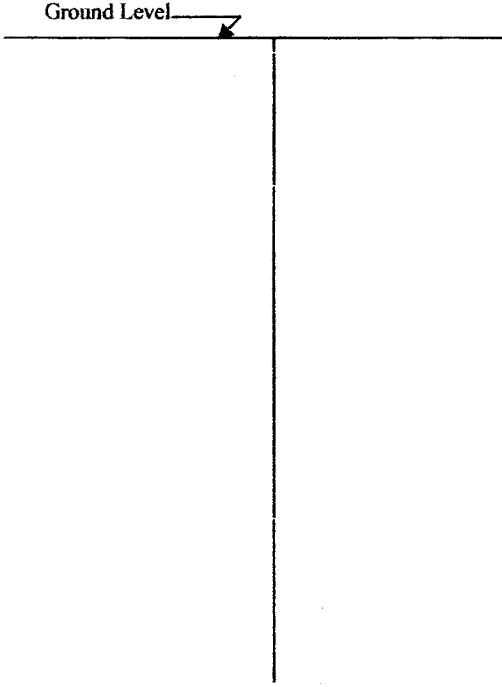
Form: OLWR-SWR-1A (04/08)

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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)
loamy sand	Ground Level	12
clay	13	40
fine sand	41	49
loose sand & gravel	45	95

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.

Landowner Name: Michael Johnson

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.

Chris Shockey 02561 6-28-10

[Signature]

Signature of Licensee

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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  
 (601)961-5210  
 (601)961-5228 (fax)

County: Tunica  
 Permit #: GW-44707  
 Driller: Chris Shockley  
 Date completed: 6-2-10  
Copy information from block on Part 1

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K 47  
 Elevation: \_\_\_\_\_

*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>Michael Johnson</u>	Latitude: <u>34° 45' 47.71"</u> Longitude: <u>90° 21' 16.6"</u>
Mailing Address: <u>A E J Planting</u> <u>P.O. Box 2710</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Tunica</u> MS <u>38676</u>	<u>SE</u> 1/4 <u>NE</u> 1/4 Sec <u>15</u> T <u>6S</u> R <u>11W</u>
City State Zip Code	SW NW Direction Nearest Town
Telephone No. <u>(662) 357-8067</u>	<u>4</u> Miles <u>East</u> of <u>Mauds, Ms.</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100 H.P.</u>
Date Pump Installed: <u>6-2-10</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Chris Shockley # 02561 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-44 07-09  
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