

### 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 39275-2309  
 (601)961-5210  
 (601)360-0535 (fax)

#### For Office Use Only:

Well #: L 35  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Tunica  
 Permit #: GW-474FO  
 Driller: Richard Foster  
 Date drilling completed: 6-12-13

*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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>McClellan Grain Co.</u> Mailing Address: <u>P.O. Box 1468</u>	Latitude: <u>34° 32' 05"</u> Longitude: <u>90° 17' 01"</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> City State Zip Code Telephone No. <u>(662) 910-0407</u>	<u>NW 1/4 SW 1/4</u> Sec <u>24</u> T <u>05R</u> R <u>10W</u> <u>3.5</u> Miles <u>West</u> of <u>Savage</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 6-12-13 Date drilling completed: 6-12-13 Hole depth: 117 Hole diameter: 26"

Location of the source of any surface water used for drilling: near by 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 (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) N/A

Static Water Level: 23 feet [above or ~~below~~ land surface] Date measured: 6-13-13  
 (circle one)

Method of measurement (circle one): Steel tape ~~Mercur tape~~ Air line Other (describe): \_\_\_\_\_

Well depth: 115 Well grouted to a depth of: 10 feet Type of grout (circle one): ~~Neat Cement~~ Bentonite Mix

Casing length: 65 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 65 feet to 115 feet

Type of completion (circle all applicable):  ~~Gravel packed~~ Underreamed Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: N/A feet

*If telescoped or more than one screen, describe on next page*

RECEIVED  
 JUN 21 2013  
 BY: OLWR

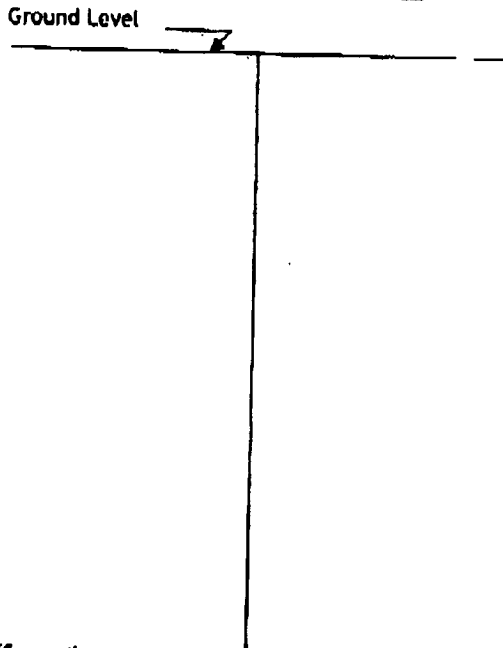
039

County: Travis  
 Permit #: GW-47480

**For Office Use Only:**  
 Well #: \_\_\_\_\_

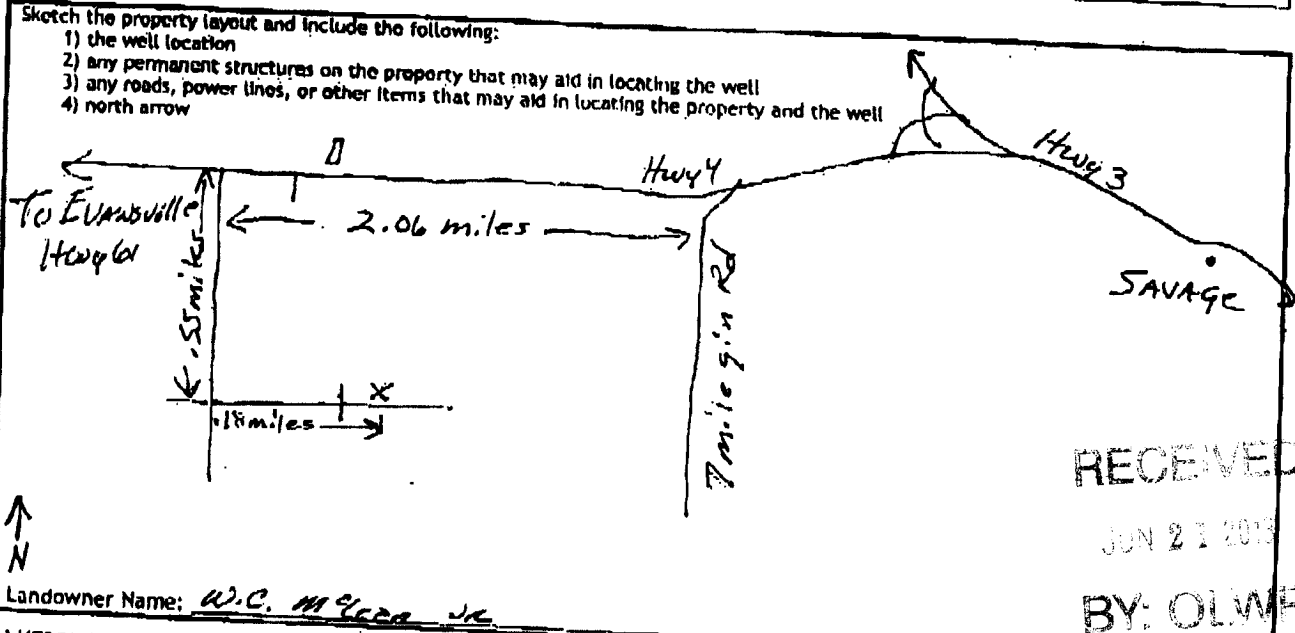
The sketch below only required for water wells  
If well telescopes, show depths on sketch.

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



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	17
Fine Sand	17	27
Fine Sand / Medium Sand	27	37
Medium / Coarse Sand ?	37	
Pen Gravel		47
Medium / Coarse Sand	47	57
Coarse Sand & Gravel	57	67
Coarse Sand & Gravel	67	77
Coarse Sand & Gravel	77	87
Medium Sand ? Gravel	87	97
Coarse Sand ? Gravel	97	107
Coarse Sand, Gravel & Clay	107	117

If more than one screens, show location of each on sketch



RECEIVED  
 JUN 21 2013  
 BY: OLWR

Landowner Name: W.C. McLean Jr.

I HEREBY 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.

Clayton Miller 0-703 6-15-13 Clayton Miller  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

L35

### 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 #: \_\_\_\_\_

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

County: Tunica  
 Permit #: SW-47480  
 Driller: John Rybolt IV  
 Date completed: 6-13-13  
 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>McCraw Grain Co</u>	Latitude: <u>34° 37' 08"</u> Longitude: <u>90° 17' 01"</u>
Mailing Address: <u>P.O. Box 1468</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Tunica</u> <u>MS</u> <u>38676</u> City State Zip Code	<u>NW 1/4 SW 1/4, Sec 24 T 05 S R 10 W</u>
Telephone No. <u>(662) 910-0407</u>	<u>3.5</u> Miles <u>West</u> of <u>SAVAGE</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 6-13-13 Rated Pump Capacity: \_\_\_\_\_ 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: 80 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours  
 Static Water Level (A): 23 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface  
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A 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: \_\_\_\_\_ 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.

Clayton Miller 0-703 67513 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SW-100 (01/13) RECEIVED

JUN 21 2013

BY: OLWR