

### 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- 5228 (fax)

County: Tunica  
 Permit #: GW-462331  
 Driller: Clarence McNeum  
 Date drilling completed: 6-5-12

For Office Use (Only):  
 Aquifer: \_\_\_\_\_  
 Well #: M 26  
 L. S. Elevation: \_\_\_\_\_  
 B-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><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Harrison Farris</u>          Mailing Address: <u>1761 Cummins Ave</u>  <u>Tunica MS 38676</u>          City State Zip Code          Telephone No. <u>(662) 671-0571</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>34° 30' 27"</u> Longitude: <u>90° 26' 22"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS  <u>NE 1/4 NW 1/4 Sec 02 Twn 07 S Rng 12 W</u>          Distance Direction Nearest Town  <u>12.5</u> Miles <u>S</u> of <u>Tunica</u>  <u>#1613</u></p>
---	--

**Well / Borehole Data**

Date drilling started: 6-5-12 Date drilling completed: 6-5-12 Hole depth: 126' Hole diameter: 26"  
 Location of the source of any surface water used for drilling: nearby dike  
 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: 27 feet above or below (circle one) land surface Date measured: 6-6-12  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 126' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 76 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 76 feet to 126 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: N/A feet *If telescoped or more than one screen, describe on next page*

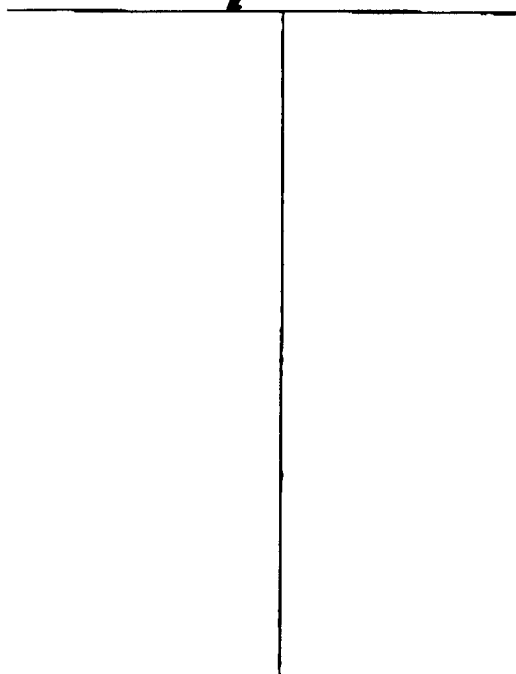
M 26

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

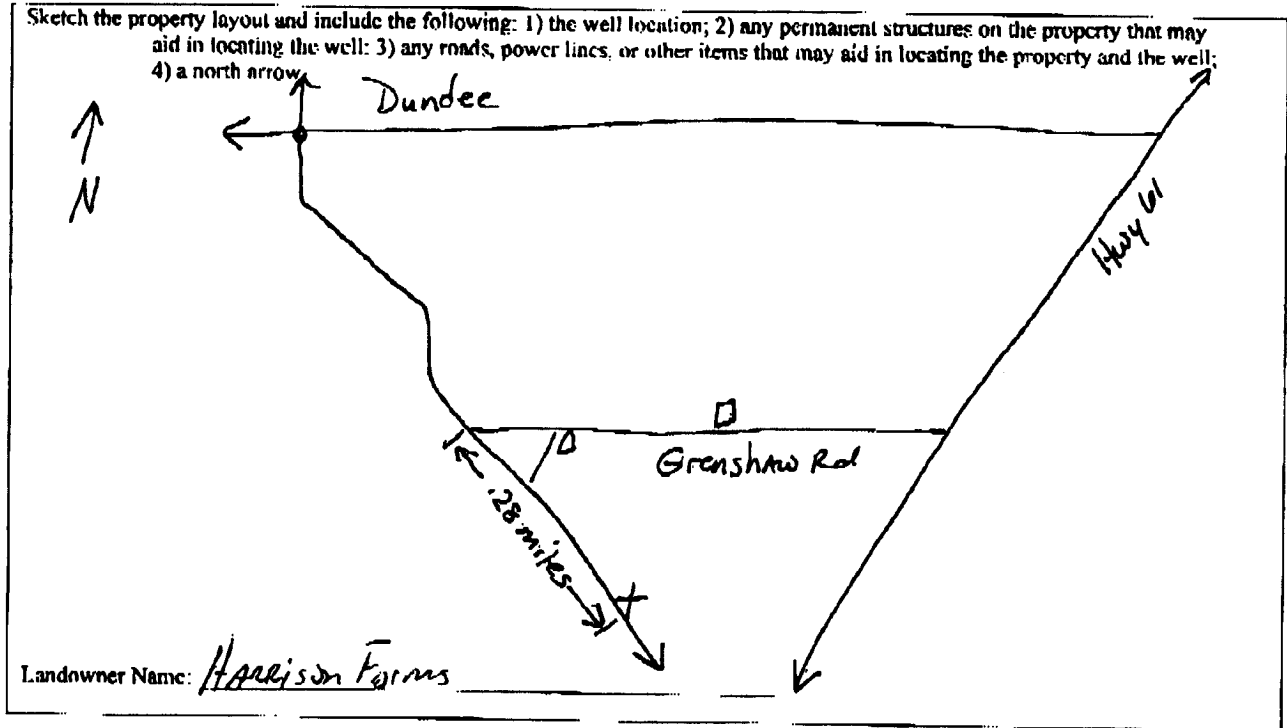
If well telescopes, show depths on sketch.

Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	49
Fine Sand & Clay	49	61
Medium Sand & gravel	61	67
Coarse Sand & gravel	67	126

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



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.

Clayton Miller 0703 6-7-10

Print Name of Responsible Licensee and License No. Date

Clayton Miller

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

County: TUNICA  
 Permit #: GW-46233  
 Driller: John Rybolt IV  
 Date completed: 6-6-12  
Copy information from block on Part 1

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: M 26  
 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>HARRISON FARM</u>	Latitude: <u>N34° 30' 27"</u> Longitude: <u>W90° 26' 22"</u>
Mailing Address: <u>1761 Cummins Ave.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tunica MS 38676</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>02</u> 1075 R <u>12W</u>
Telephone No. <u>(662) 671-0571</u>	Distance <u>12.5</u> Miles Direction <u>S</u> of <u>TUNICA</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): <u>Gen Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-6-12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>NOT TESTED</u>	Circle one
Static Water Level (A): <u>27</u> Feet Below Land Surface	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tapc <input type="checkbox"/>
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>N/A</u> 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.

Clayton Miller 0703 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer