

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)

For Office Use Only:

Aquifer: N 41
Well #:
L.S. Elevation:
E-log #:

County: Tunica
Permit #: GW-46583
Driller: Irrigation Equipment
Date drilling completed: 09/13/2012

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) and Well or Borehole Location. Includes fields for Owner Name (Anthony Bland), Mailing Address (1525 Tibbs Road), City (Sledge, Ms, 38670), Telephone No., Latitude (34° 28' 16"), Longitude (90° 18' 22"), Method of Lat/Long (Hand-held GPS), and Direction (West of Crenshaw).

Well / Borehole Data

Well / Borehole Data section including Date drilling started/completed (09/13/2012), Hole depth (100), Hole diameter (18"), Location of source (Surface Water), Method of dosing (50 PPM), Logs run (No log run checked), Purpose of borehole (Water Well checked), and other details.

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (Irrigation checked), If flowing, method of flow regulation, Static Water Level, Method of Measurement, Well depth (100), Well grouted to a depth of (10), Type of grout (Bentonite checked), Casing length (60), Casing diameter (10), Type of casing (PVC), Screen length (40), Screen diameter (10), Type of screen (PVC), Screen slot size (.050), Setting depth (61 to 100), Type of completion (Gravel packed checked), and Top of lap pipe or reduction in casing.

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

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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)

For Office Use Only:

Aquifer: _____
Well #: NA1
Elevation: _____

County: TUNICA
Permit #: GW-46583
Driller: Irrigation Equipment
Date drilling completed: 9-13-12
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>ANTHONY BLAND</u>	Latitude: <u>34° 28' 16"</u> Longitude: <u>90° 18' 22"</u>
Mailing Address: <u>1525 TIBBS ROAD</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>SLUDGE, MS 38670</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>SE 1/4 SE 1/4</u> Sec <u>13</u> T <u>7S</u> R <u>11W</u>
Telephone No. () -	Distance Direction Nearest Town
	<u>5</u> Miles <u>NW</u> of <u>SLUDGE</u>

Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>9-27-12</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity <u>1500 1000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
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 (check 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.

DAVID P. HOLT 0-752P [Signature]
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Form: OLWR-SWR-1C (07-09)

OCT 10 2012

BY: OLWR

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