

Job # 8148

County: Panola  
 Permit #: OLW 42519  
 Driller: Pete's Well Drilling  
 Date drilling completed: 4-26-08

Well Driller Report and Well Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: E-47  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>Sledge Taylor</u>	<u>Taylor Investment Partners 2P</u>	Latitude: <u>34° 26' 49.8" N</u>	Longitude: <u>090° 09' 45.5" W</u>
Mailing Address: <u>Buckeye Farms</u>	<u>Taylor Investment Partners 2P</u>	Method of Lat/Long (circle one): <u>30</u>	<u>27</u>
<u>P.O. Box 306</u>		USGS quad, <u>Hand-held GPS</u> Survey-grade GPS	
<u>Como, MS 38619</u>		<u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>28</u> Twn <u>7S</u> Rng <u>9W</u>	
City State Zip Code		Distance Direction Nearest Town	
Telephone No. <u>(662) 526-0058</u>		<u>5</u> Miles <u>E</u> of <u>Sledge</u>	

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 4-26-08 Date well drilling completed: 4-26-08

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 7 feet above or below (circle one) land surface Date measured: 4-26-08

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 0.32 inches Setting depth: From 60 feet to 100 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Pete's Well Drilling 0430 Signature of Water Well Contractor Pete Sledge  
 Print Name of Water Well Contractor and License No. MAY 29 2008

If well telescopes please sketch below and show depths.

BY: OLWR

GW 72519

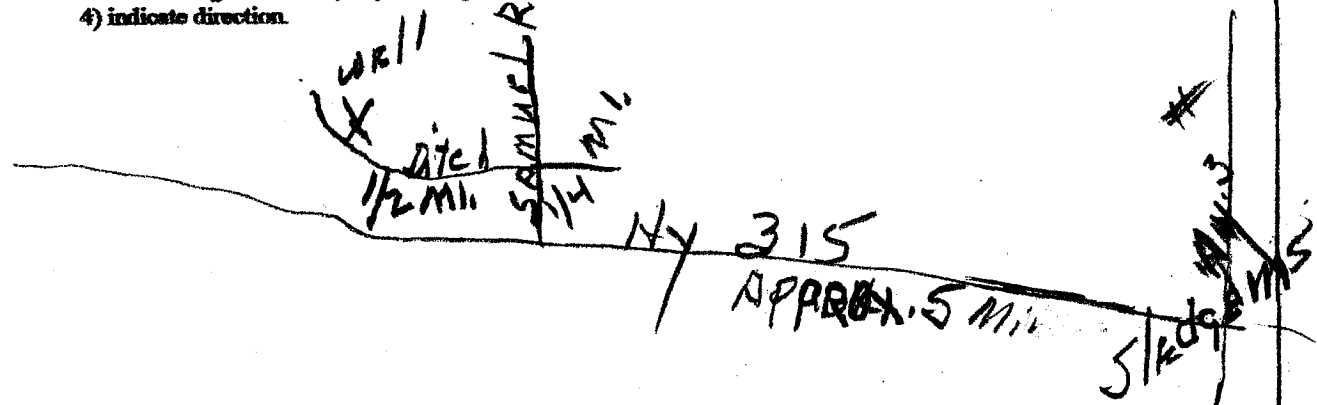
E-47

Ground Level

Description of Formations Encountered	From	To
<u>OLIVE SAND</u>	0	18
<u>COURSE SAND &amp; GRAVEL</u>	18	100

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) indicate direction.



Landowner Name: Sledge Taylor

  
Signature of Water Well Contractor

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MAY 29 2008  
BY: OLWR

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-47  
 Elevation: \_\_\_\_\_

County: PANOLA  
 Permit #: COW 42519  
 Driller: PETE'S WELL DRILLING  
 Date completed: 4-26-08  
*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>SLEDGE TAYLOR</u>	Latitude: <u>34° 26' 49.8"</u> Longitude: <u>090° 09' 45.5"</u>
Mailing Address: <u>P.O. BOX 3016</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>Como, MS 38619</u>	USGS quad _____ Hand-held GPS <input type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>28</u> T <u>7S</u> R <u>9W</u>
Telephone No. <u>(662) 526-0058</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>E</u> of <u>SLEDGE</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> <input checked="" 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): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>5-2-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1600</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>7</u> 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	

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

David P. Holt 0-752P  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

**RECEIVED**  
 Form: OLWR-SWR-1B  
 MAY 29 2008  
 BY: OLWR  
 JLB  
 8148

Rec'd  
 5/29/08  
 TB