

# 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: Panola  
 Permit #: \_\_\_\_\_  
 Driller: W. Bryant  
 Date drilling completed: 11-20-10

For Office Use Only:  
 Aquifer: E 52  
 Well #: \_\_\_\_\_  
 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)*

Owner Name: John Corbin  
 Mailing Address: 8467 Hwy 315  
Sardis MS 38666  
 City State Zip Code  
 Telephone No. (662) 487-9226  
902-6305

**Well or Borehole Location**

Latitude: 34° 26' 56" N Longitude: 090° 06' 49" W  
 Method of Lat/Long (circle one): Conventional Survey,  
 USGS quad, Hand-held GPS, Survey-grade GPS  
NE ¼ NE ¼ Sec 26 Twn 7S Rng 9W  
 Distance Direction Nearest Town  
10 Miles West of Sardis

**Well / Borehole Data**

Date drilling started: 11-20-10 Date drilling completed: 11-20-10 Hole depth: 210' Hole diameter: 7"  
 Location of the source of any surface water used for drilling: nearby creek  
 Method of dosing and volume of Chlorine used in drilling and development: chlorine tablets  
 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: Sprinkler System  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 123' feet above or below (circle one) land surface Date measured: 11-21-10  
 Method of Measurement (circle one) steel tape electric tape air line other: Rope + weight  
 Well depth: 180 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC slotted  
 Screen slot size: .010 inches Setting depth: From 140 feet to 180 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: -0- feet. *If telescoped or more than one screen, describe on next page*

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

County: Panola  
 Permit #: \_\_\_\_\_  
 Driller: W. Bryant  
 Date completed: 11-21-10

*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>John Corbin</u>	Latitude: <u>34°26.94<sup>N</sup></u> Longitude: <u>090°06.82<sup>W</sup></u>
Mailing Address: <u>8467 Hwy 315</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sardis</u> <u>MS</u> <u>38666</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec <u>26</u> T <u>7S</u> R <u>9W</u>
Telephone No. <u>(662) 487-9226</u>	Distance <u>10</u> Miles Direction <u>West</u> of Nearest Town <u>Sardis</u>
<u>902-6305</u>	

Pump Type	Power Type
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: <u>11-21-10</u>	Setting Depth: <u>175</u> feet
Rated Pump Capacity: <u>45</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>11-21-10</u>	Circle one Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>123</u> Feet Below Land Surface	Other (specify): <u>Repe + weight</u>
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>17</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>17</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</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.

Willie L. Bryant 0-639 Willie L. Bryant  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1 (01/06)

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