

County: Panola  
 Permit #: \_\_\_\_\_  
 Driller: Willie Bryant  
 Date drilling completed: 5-12-12

**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: \_\_\_\_\_  
 Well #: E 54  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Albert Coleman</u>	Latitude: <u>34° 27' 99<sup>N</sup></u> Longitude: <u>090° 10' 85<sup>W</sup></u> <small>59 51</small>
Mailing Address: <u>5103 Landfill Rd.</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Crenshaw MS 38621</u> <small>City State Zip Code</small>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
Telephone No. <u>(662) 382-7830</u>	<u>NE 1/4 NE 1/4 Sec 19</u> Twn <u>7.9</u> Rng <u>FW</u>
	Distance <u>2</u> Miles <u>S</u> Direction of <u>Crenshaw</u>
	<u>2 1/2 miles N of Sledge-Landfill Rd.</u>

**Well / Borehole Data**

Date drilling started: 5-12-12 Date drilling completed: 5-12-12 Hole depth: 100' Hole diameter: 6 1/2"

Location of the source of any surface water used for drilling: Nearby ditch  
 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: \_\_\_\_\_

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

Static Water Level: 10 feet above or (below) (circle one) land surface Date measured: 5-12-12

Method of Measurement (circle one) steel tape electric tape air line other: water level Reader

Well depth: 100 Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 70 feet Casing diameter: 4 inches Type of casing: PVC 160

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .016 inches Setting depth: From 70 feet to 100 feet

Type of completion (circle all applicable): (Gravel packed) Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

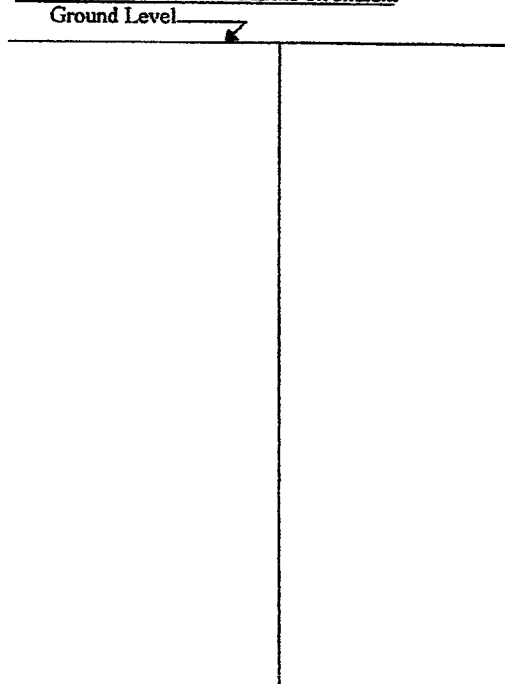
Top of lap pipe or reduction in casing: -0- feet. *If telescoped or more than one screen, describe on next page*

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

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The sketch below only required for water wells

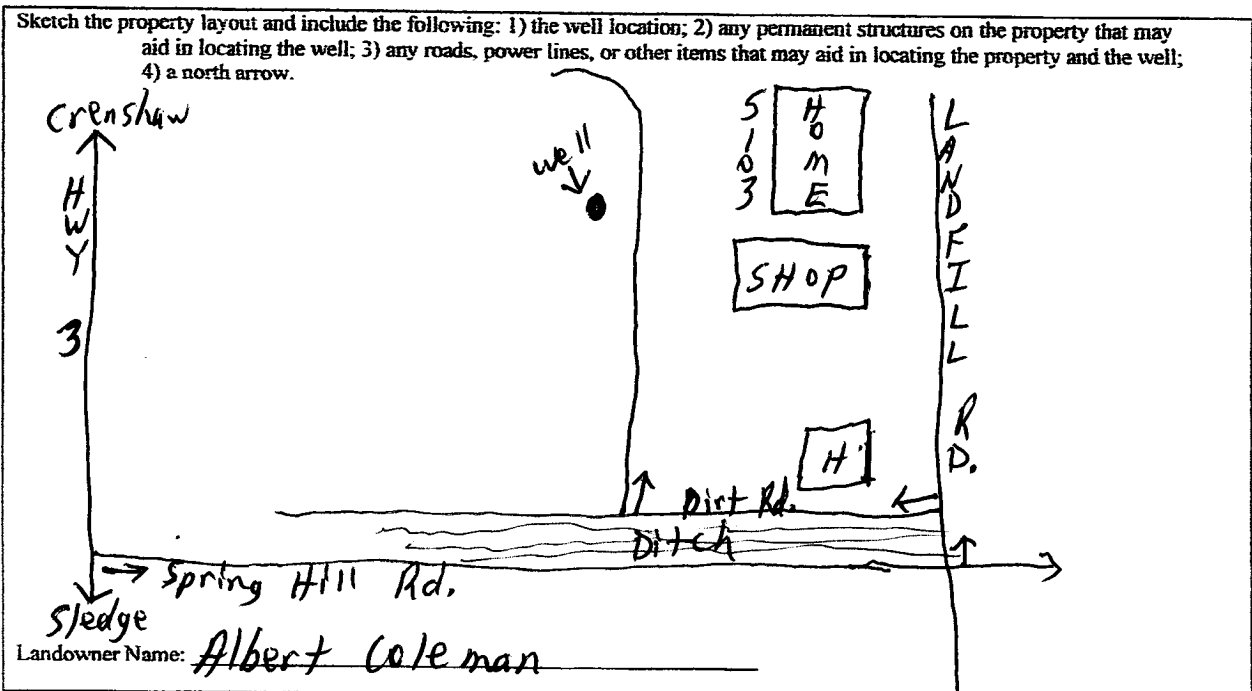
If well telescopes, show depths on sketch.



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 & Med. sand	Ground Level	20
Med. sand	20	40
Coarse sand & gravel	40	60
gravel	60	80
gravel	80	100

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.

Willie L. Bryant 0-639 5-21-12  
Print Name of Responsible Licensee and License No. Date

Willie L. Bryant  
Signature of Licensee

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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)

County: Panola  
 Permit #: \_\_\_\_\_  
 Driller: Willie Bryant  
 Date completed: 5-12-12  
Copy information from block on Part 1

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: E54  
 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>Albert Coleman</u>	Latitude: <u>34° 27.99' N</u> Longitude: <u>090° 10.88' W</u>
Mailing Address: <u>5103 Landfill Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Crenshaw MS 38621</u> City State Zip Code	<u>NE 1/4 NE 1/4 Sec 19 T 7S R 9W</u>
Telephone No. <u>(602) 382-7830</u>	Distance <u>2 1/2</u> Miles <u>S</u> Direction of <u>Crenshaw</u> Nearest Town <u>2 1/2 mi. N of Sledge - Landfill Rd.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" 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"/> Turbine <input type="checkbox"/>	<b>Electric Motor</b> <input checked="" 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>3</u>
Date Pump Installed: <u>5-12-12</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>90</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-22-12</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): <u>Water Level Reader</u>
Pumping Water Level (B): <u>15</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>122</u> GPM with a drawdown of
Test Pumping Rate: <u>122</u> Gallons Per Minute	<u>5</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</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-1C (07 09)

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