

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 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

For Office Use Only:

Well #: E 58

Aquifer: \_\_\_\_\_

E-Log #: \_\_\_\_\_

County: Panola  
Permit #: GW-47241  
Driller: Joel Jumper  
Date drilling completed: 5-11-13

*This report shall 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.*

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Chickasaw Farm</u> <u>Charlie West</u>	Latitude: <u>34-26-41</u> Longitude: <u>90-11-05</u>
Mailing Address: <u>5764 Ballentine Rd</u> <u>Sardis Ms 38666</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	NE <input checked="" type="checkbox"/> SE <input checked="" type="checkbox"/> Sec. <u>30</u> T. <u>07S</u> R. <u>09W</u>
Telephone No. (____) _____	<u>1</u> Miles <u>E</u> of <u>Sledge</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5-11-13 Date drilling completed: 5-11-13 Hole depth: 115 Hole diameter: 28in

Location of the source of any surface water used for drilling: Nearest Well

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 (circle 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 (circle all applicable): Home  Industrial  Public Supply   Irrigation  Fish Culture

Other (describe): \_\_\_\_\_

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

Static Water Level: 15 feet [above or  below] land surface Date measured: 5-11-13  
(circle one)

Method of measurement (circle one):  steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 115 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 75 feet Casing diameter: 12 inches Type of casing: \_\_\_\_\_

Screen length: 40 feet Screen diameter: 12 inches Type of screen: \_\_\_\_\_

Screen slot size: 0.50 inches Setting depth: From 0 <sup>75</sup> feet to 10 <sup>115</sup> feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

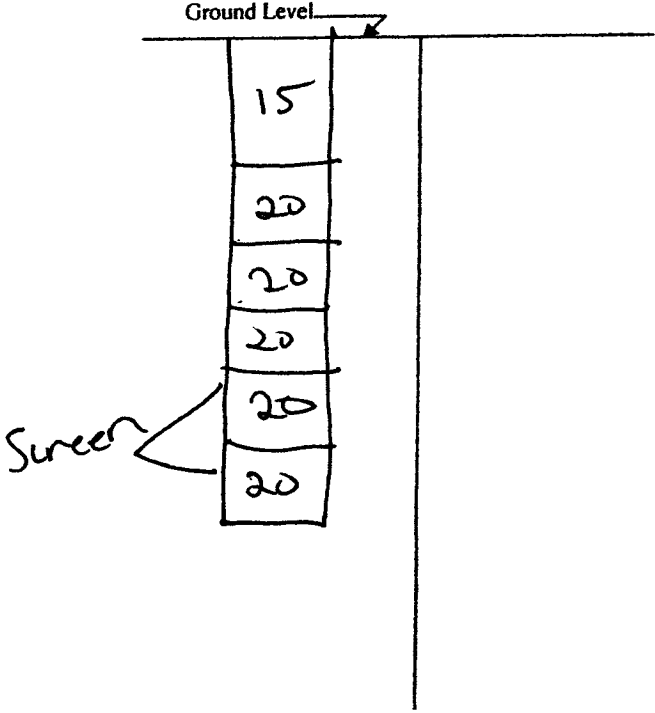
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells

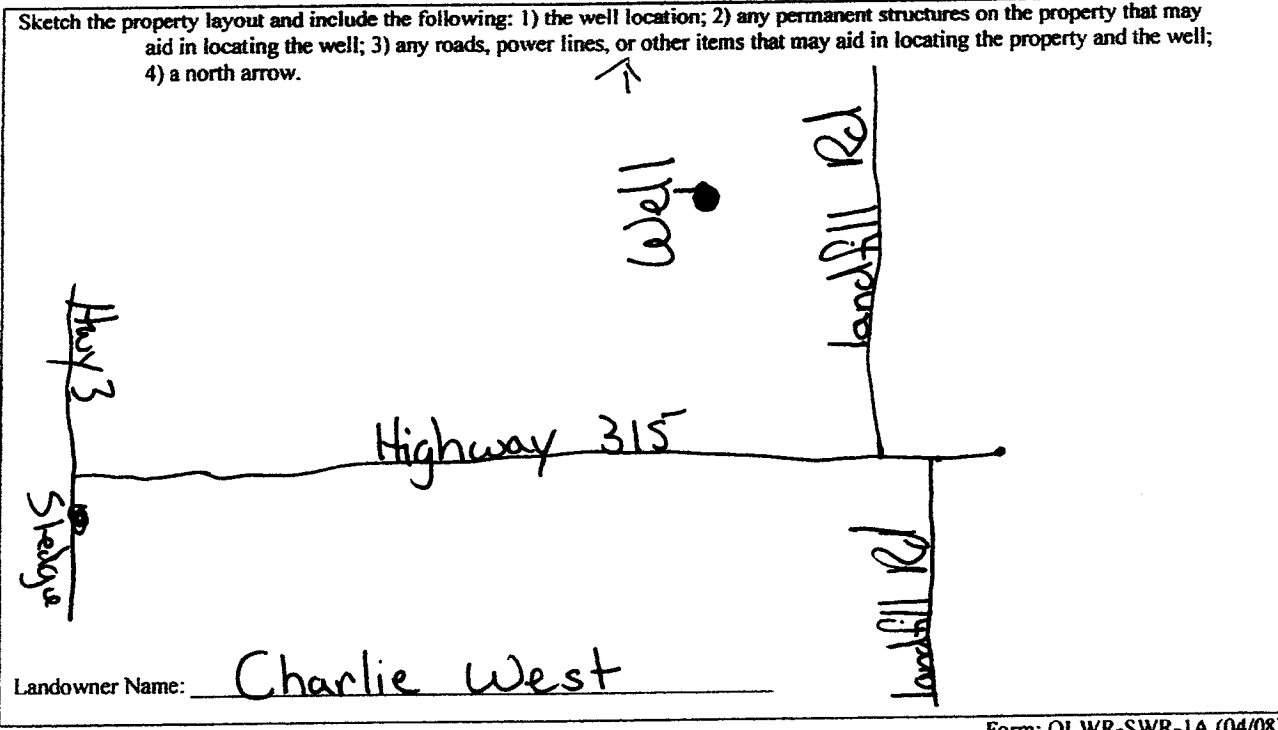
If well telescopes, show depths on sketch.



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)
Gumbo	Ground Level	20
sand	20	40
Course sand	40	60
Course sand	60	80
sand + gravel	80	100
gravel	100	115

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.

Joel Jumper 5317 5-11-13  
Print Name of Responsible Licensee and License No. Date

Joel Jumper  
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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: PANOLA  
 Permit #: GW-47241  
 Driller: JOEL JUMPER  
 Date completed: 5-11-13  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: E58  
 Aquifer: \_\_\_\_\_

*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>CHICKASAW FARMS</u>	Latitude: <u>34° 26' 41"</u> Longitude: <u>90° 11' 05"</u>
Mailing Address: <u>5764 BALLENTINE RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>SARDIS</u> <u>MS</u> <u>38666</u> City State Zip Code	<u>NE 1/4 SE 1/4</u> , Sec <u>30</u> T <u>01S</u> R <u>09W</u>
Telephone No. <u>(662) 487-3961</u>	<u>1</u> Miles <u>E</u> of <u>SLEDGE</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 5-15-13 Rated Pump Capacity: 2200 Gallons Per Minute  
 Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**

Electric  Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 15 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
 Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
 Method of measurement (circle one):  Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: 1/19 Meter Serial Number: \_\_\_\_\_  
 Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
 Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
 Is This Meter (circle one): New Repaired Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

DAVID P. HOLT 0-752P 6-3-13 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-4B (4/13)

**BY: OLWR**

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