

**State Well Report**

**Part I - 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:

County: Panola  
Permit #: GW47245 ✓  
Driller: TEDD, Cads  
Date drilling completed: 5/2/14

Aquifer: \_\_\_\_\_  
Well #: E63  
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<br><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location                                  |
|---|--|
| Owner Name: <u>Chickasaw Farms</u>  | Latitude: <u>34° 26' 38"</u> Longitude: <u>90° 10' 34"</u> |
| Mailing Address: <u>Charles West</u>  | Method of Lat/Long (circle one): Conventional Survey       |
| <u>5764 Ballentine Road</u>   | USGS quad, Hand-held GPS, Survey-grade GPS                 |
| <u>Sardis MS 38662</u>  | <u>NW 1/4 SW 1/4 Sec 29 Twn 07S Rng 09W</u>                |
| City State Zip Code   | Distance Direction Nearest Town                            |
| Telephone No. ( ) _____   | <u>2</u> Miles <u>E</u> of <u>Sleas</u>                    |

**Well / Borehole Data**

Date drilling started: \_\_\_\_\_ Date drilling completed: 5/2/14 Hole depth: 110 Hole diameter: 28

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 (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: 12 feet above or below (circle one) land surface Date measured: 5/2/14

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement   Bentonite  Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 0.50 inches Setting depth: From 0 feet to 70 feet

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

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

Top of tap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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

MAY 21 2014

EDD



# 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)

**For Office Use Only:**

Well #: \_\_\_\_\_

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

County: PANOLA  
 Permit #: GW-47245  
 Well: JOLTED WELL SERVICE  
 Date completed: 5-2-14  
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>CHICKASAW FARMS</u>                           | Latitude: <u>34° 26' 38"</u> Longitude: <u>90° 10' 34"</u>  |
| Mailing Address: <u>5764 BAILENTINE RD</u>                   | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City: <u>SARCOIS</u> State: <u>MS</u> Zip Code: <u>38866</u> | <u>NW</u> ¼ <u>SW</u> ¼, Sec <u>29</u> T. <u>07S</u> R. <u>09W</u>  |
| Telephone No. <u>(662) 487-3961</u>                          | <u>2.3</u> Miles <u>NNE</u> of <u>SLEDGE</u><br>(Distance) (Direction) (Nearest Town)                                   |

**Pump Type (circle one)**

Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 5-30-14 Rated Pump Capacity: 3000 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: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 12 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: McCrometer Meter Serial Number: 14-08744

Meter Model Number/Name: M0310 Type of Meter: GROUND WATER

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: 5-31-14 Meter installed by: CIRCLE S IRRIGATION

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 6-19-14 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

**RECEIVED**  
 JUN 23 2014  
 BY: OLWR

14-0200  
5