

Well 3

Job # 8615

County: Panola
 Permit #: 6642945
 Driller: Pete's Well Drilling
 Date drilling completed: _____

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 #: K-40
 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>Nolan West</u>	Latitude: <u>34° 20' 36.96"</u> Longitude: <u>90° 10' 0.70"</u>
Mailing Address: <u>266 Walnut Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Sardis MS</u> State: <u>MS</u> Zip Code: <u>38666</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(662) 487-3858</u>	<u>SE 1/4 SE 1/4 Sec 32 Twn 85 Rng 9W</u>
	Distance: <u>1</u> Miles Direction: <u>W</u> Nearest Town: <u>Curtis Station</u>

Well Data

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

Date well drilling started: 11/12/08 Date well drilling completed: 11/12/08

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 11/12/08

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: .032 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 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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K-40

@W42945

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Mod / Clay	0	16
Coarse Sand	16	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

well 2

well 3

DITCHBANK RD

CURTIS ROAD

Mt Olive Ch

Landowner Name: Nolan West WELL #3

[Handwritten Signature]
 Signature of Water Well Contractor

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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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: K-40
Elevation: _____

County: PANOLA
Permit #: QW 4745
Driller: PETE'S WELL DRILLING
Date completed: _____

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>Nolan West</u>	Latitude: <u>34° 20' 37"</u> Longitude: <u>90° 10' 01"</u>
Mailing Address: <u>2466 Walnut Rd</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>Sardis, MS 38666</u>	USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>32</u> T <u>85</u> R <u>9W</u>
Telephone No. <u>662 487-3858</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>W</u> of <u>Curtis Station</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input 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"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <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>60</u>
Date Pump Installed: <u>12-3-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2200</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>10</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 _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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]
Signature of Pump Installer

Form: OLWR-SWR-1B

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