

**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 #: K-51  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Panola  
Permit #: 46900  
Driller: Joel Sumpter  
Date drilling completed: 7-5-13

*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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>John Thomas</u>	Latitude: <u>34-20-51.06</u> Longitude: <u>90-07-50.35</u>
Mailing Address: <u>5142 Chapel</u>	Method of Lat/Long (check one): Conventional Survey _____, 52
<u>Town Rd.</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Batesville Ms 38606</u>	<u>NE 1/4 NE 1/4, Sec 34 T 055 R 04W</u>
City State Zip Code	<u>8</u> Miles <u>W</u> of <u>Batesville</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 7-5-13 Date drilling completed: 7-5-13 Hole depth: 110 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: 8 feet (above or below land surface) (circle one) Date measured: 7-6-13  
 Method of measurement (circle one):  Steel tape Electric tape Air line Other (describe): \_\_\_\_\_  
 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: 11 1/2 inches Type of casing: PVC  
 Screen length: 40 feet Screen diameter: 11 1/2 inches Type of screen: PVC  
 Screen slot size: 0.50 inches Setting depth: From 0-70 feet to 70-110 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

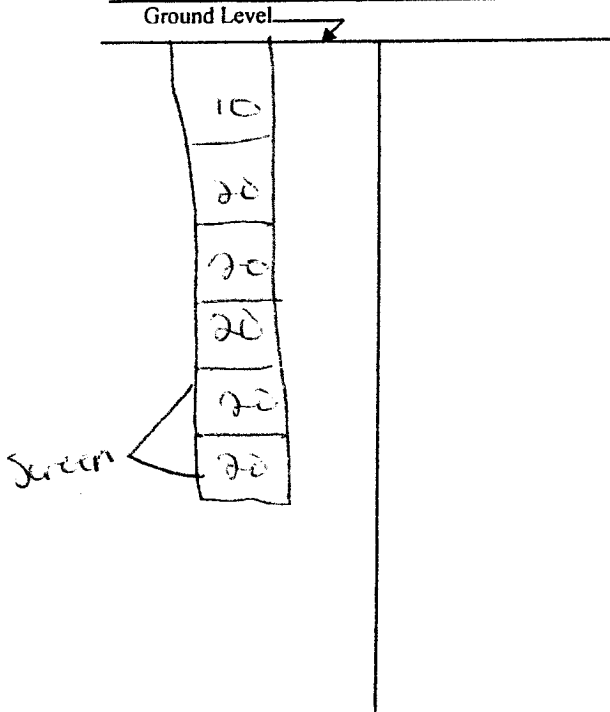
*If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each 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)
Crumba	Ground Level	20
Gravel	20	40
Gravel	40	60
Gravel	60	80
Gravel	80	100
Gravel	100	110

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: John Thomas

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 7-6-13  
Print Name of Responsible Licensee and License No. Date

[Signature]  
Signature of Licensee

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BY: OLWR

# 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-46900  
 Driller: JOEL JUMPER  
 Date completed: 7-5-13  
Copy information from block on Part 1

**For Office Use Only:**

Well #: K51  
 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>THOMAS FARMS</u>	Latitude: <u>34° 20' 52"</u> Longitude: <u>90° 07' 50.3"</u>
Mailing Address: <u>5142 CHAPEL TOWN RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>BATTSVILLE</u> <u>MS</u> <u>38606</u>	<u>NE</u> 1/4 <u>NE</u> 1/4, Sec <u>34</u> T <u>08S</u> R <u>09W</u>
City State Zip Code	<u>3/4</u> Miles <u>NE</u> of <u>CURTIS STATION</u>
Telephone No. <u>(662) 563-3679</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 7-17-13 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): 6 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: N/A Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

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

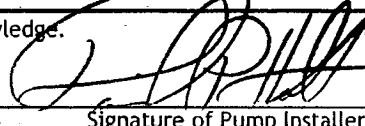
Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one):  New  Repaired  Replacement

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*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 7-27-13 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer