

# 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 #: K68  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Panola  
Permit #: MS-GW-48717  
Driller: Tommy Peacock Sr  
Date drilling completed: 9-3-15

*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.*

|  |  |
|--|--|
| <p style="text-align: center;"><b>Well Owner Information</b><br/>(Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Nolan West</u></p> <p>Mailing Address: <u>22679 HWY 51</u></p> <p><u>Sardis</u> <u>MS</u> <u>38666</u><br/>City State Zip Code</p> <p>Telephone No. <u>(662) 487-3858</u></p> | <p style="text-align: right;">Well or Borehole Location <u>90 09 30</u></p> <p>Latitude: <u>N34° 20' 42"</u> Longitude: <u>W90° 09' 31"</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, USGS _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____</p> <p><u>SW</u> ¼ <u>SW</u> ¼, Sec. _____ T <u>08S</u> R <u>09W</u></p> <p><u>11</u> Miles <u>East</u> of <u>Marks</u><br/>(Distance) (Direction) (Nearest Town)</p> |
|--|--|

**Well / Borehole Data**

Date drilling started: 9-3-15 Date drilling completed: 9-27-15 Hole depth: 105' Hole diameter: 24"

Location of the source of any surface water used for drilling: ditch nearby

Method of dosing and volume of Chlorine used in drilling and development: add when filling tank

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: 28' feet [above or  below] land surface (circle one) Date measured: 9-27-15

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

Well depth: 105' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 65 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 1-32 1-50 inches Setting depth: From 65 feet to 105 feet

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

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

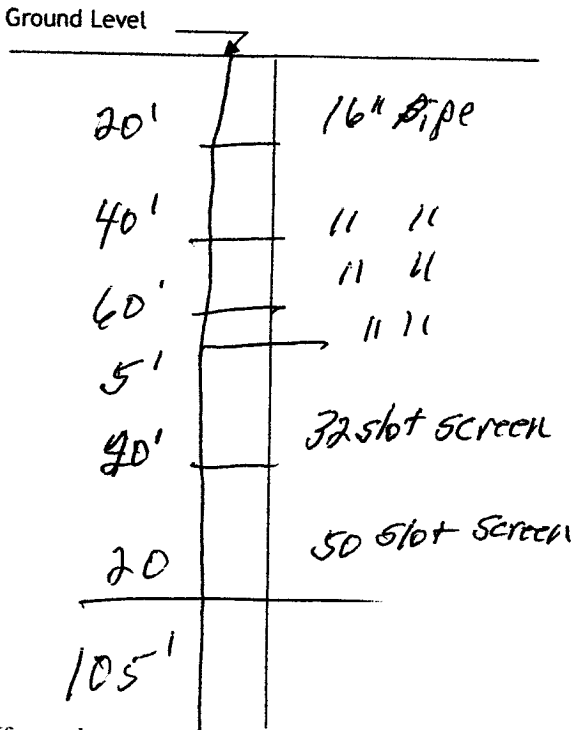
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

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

County: Panola  
 Permit #: MS-GW-48717

**For Office Use Only:**  
 Well #: K60

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)<br>Ground level | To (depth) |
|---------------------------------------|------------------------------|------------|
| top soil & clay                       | 0                            | 15         |
| medium sand                           | 15                           | 25         |
| coarse sand                           | 26                           | 35         |
| coarse sand & gravel                  | 36                           | 45         |
| " " "                                 | 46                           | 55         |
| coarse sand                           | 56                           | 65         |
| " "                                   | 66                           | 75         |
| " "                                   | 76                           | 85         |
| " "                                   | 86                           | 95         |
| " "                                   | 96                           | 105        |
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|                                       |                              |            |

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 aid in locating the well  
 3) any roads, power lines, or other items that may aid in locating the property and the well  
 4) north arrow

OCT 08 2016

Landowner Name: Nolan West

I HEREBY 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.

Tommy Peacock Sr #3409 9-12-15 Tommy Peacock Sr  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

# 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 #: K60

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

County: PANOLA  
Permit #: GW-48717  
Driller: PEACOCK PUMP REPAIR  
Date completed: 9-3-15  
*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>WEST PARTNERSHIP</u>                      | Latitude: <u>34° 21' 14"</u> Longitude: <u>90° 9' 30"</u>   |
| Mailing Address: <u>22679 HWY 51</u>                     | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>SARDIS</u> City <u>MS</u> State <u>38666</u> Zip Code | <u>SW</u> ¼ <u>SW</u> ¼, Sec <u>28</u> T <u>08S</u> R <u>09W</u>  |
| Telephone No. <u>(662) 487-3858</u>                      | <u>1.4</u> Miles <u>NW</u> of <u>Curtis Station</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: 9-14-15      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: 80      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): 28 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: \_\_\_\_\_      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      10-6-15      [Signature]  
Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer

RECEIVED

OCT 09 2015

BY: OLWR

15-0647