

# 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 #: K104  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Panola  
Permit #: MS-GW-48718  
Driller: Tommy Peacock Sr  
Date drilling completed: 9-14-16

*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<br><small>(Landowner if borehole is not for a water well)</small> | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Nolan West</u>  | Latitude: <u>N34° 21' 40</u> Longitude: <u>W90° 09' 29</u>  |
| Mailing Address: <u>22679 HWY 51</u>   | Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Sardis</u> MS <u>38666</u>  | USGS quad _____, Sec <u>28</u> T <u>08S</u> R <u>09W</u>  |
| City State Zip Code  | <u>7</u> Miles <u>S</u> of <u>Darling</u>   |
| Telephone No. (____) _____   | (Distance) (Direction) (Nearest Town)   |

**Well / Borehole Data**

Date drilling started: 9-14-16 Date drilling completed: 9-14-16 Hole depth: 113' 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: 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: 24' feet [above or  below] land surface Date measured: 9-14-16  
(circle one)

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

Well depth: 113' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 73 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-.050 1-.037 inches Setting depth: From 73 feet to 113 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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Form: OI WR-SWR-TA 147131



# 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-48718  
 Driller: TOMMY PEACOCK SR  
 Date completed: 9-14-16  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: K64  
 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>WEST PARTNERSHIP</u>                      | Latitude: <u>34° 21' 40"</u> Longitude: <u>90° 09' 29"</u>  |
| Mailing Address: <u>22679 HWY 51 N</u>                   | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>SARVIS</u> City <u>MS</u> State <u>38666</u> Zip Code | <u>SW</u> ¼ <u>NW</u> ¼, Sec <u>28</u> T. <u>08S</u> R. <u>09W</u>  |
| Telephone No. <u>(662) 487-3858</u>                      | <u>1.7</u> Miles <u>NW</u> of <u>Curtis</u> Station<br>(Distance) (Direction) (Nearest Town)                            |

**Pump Type (circle one)**

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

Date Pump Installed: 9-15-16 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): 24 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

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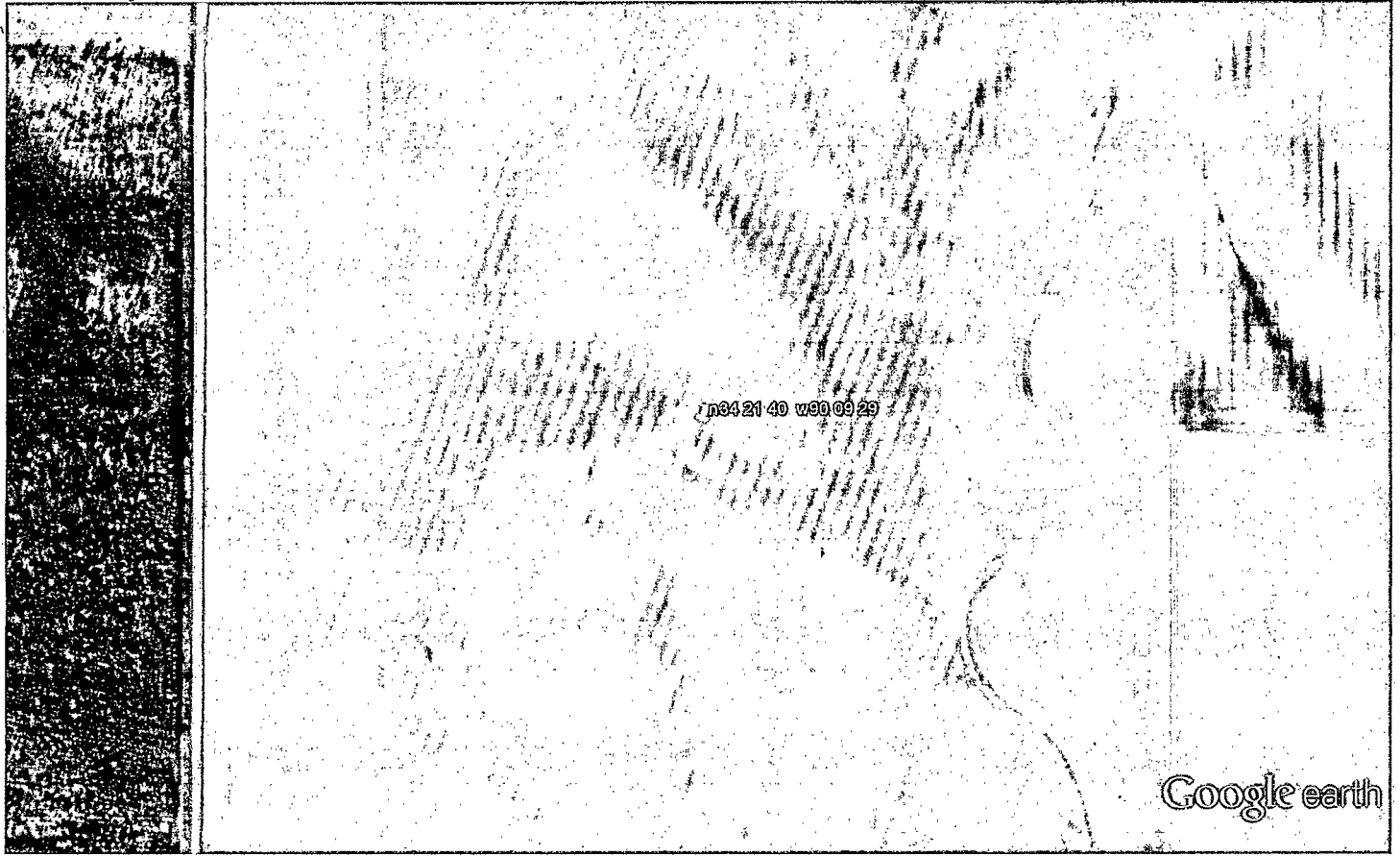
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

DAVID P. HOLT 0-752P      10-10-16      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer

16-1027  
16-0344

K 64



Google earth



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K64

**STATE OF MISSISSIPPI**

Department of Environmental Quality

Office of Land and Water Resources

P. O. Box 2309

Jackson, Mississippi 39225

Not Drilled  
New Well  
16-0391

**PERMIT**

**TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS**

This permit is issued to the landowner named below in accordance with the provisions of the Mississippi Water Laws, Mississippi Code Sections 51-3-1, et seq. (1972, as amended), and the regulations and standards as promulgated thereunder. Whether or not specifically named in this permit or in the applications for this permit, anyone using water from the diversion/withdrawal point described below shall do so in compliance with the provisions of this permit. Neither this permit, nor any authority conferred hereby, may be sold, conveyed, encumbered, assigned, or otherwise aliened, for any period of time or under any conditions whatsoever. This permit may not be modified, transferred or revoked without prior action by the Permit Board. Any attempts to modify, transfer or revoke this permit, or to take any other action on this permit, shall be invalid and unenforceable and may result in immediate revocation or suspension of this permit. The holder of this permit shall at all times be responsible for adherence to the terms and conditions of this permit. No agreement between the permit holder and any other party shall affect the obligations and liabilities of the permit holder. Water use under this permit is allowed only when the streamflow, lake level elevation, or static groundwater level (whichever, if any, is applicable) is above the established minimum, pursuant to Mississippi Code Section 51-3-7. Authorization is hereby granted to divert/withdraw water for the beneficial use designated herein, and for no other purpose, subject to the following terms, conditions, and limitations:

**Permit Number:** MS-GW-48718

**Landowner Name:** WEST, NOLAN

**Landowner Address:** 22679 HIGHWAY 51

SARDIS

MS 38666

**Source Of Water:** MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

**Beneficial Use:** IRRIGATION

**Diversion/Withdrawal Location:** SW 1/4 of the NW 1/4

**Section:** 28

**Township:** 08S

**Range:** 09W

**County:** PANOLA

**Quad:** CURTIS STATION

**Maximum Volume:** 480 Acre-Feet/Year equivalent to .4284 Million Gallons/Day

**Maximum Rate:** 3000 Gallons/Minute

**Applicant Name:** WEST, NOLAN

**Applicant Address:** 22679 HIGHWAY 51

SARDIS

MS 38666

**Date Permit Issued:** 02/04/2015

**Date Permit Expires:** 02/04/2020

**Date Permit Modified:**

**Date Permit Re-issued:**

This permit shall be deemed null and void if construction has not begun within one (1) year of permit issue date

**SPECIAL TERMS AND CONDITIONS:** SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.

**SPECIAL TERMS AND CONDITIONS 2:**

Received

Kay Whittington OCT 10 2016

By OLWR

Kay Whittington