

8-28-18  
163

### 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  
(601)961- 5210  
(601)961- 5228 (fax)

County: Panola  
 Permit #: GW50532  
 Driller: Chad Mattox  
 Date drilling completed: 8-14-18

For Office Use Only:  
 Aquifer: K76  
 Well #: \_\_\_\_\_  
 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**  
 (Landowner if borehole is not for a water well)

Owner Name: Nolan West  
 Mailing Address: 22679 Hwy 51  
Sardis, MS 38666  
 City State Zip Code  
 Telephone No. (662) 487-3344

**Well or Borehole Location**

Latitude: 34° 22' 31" Longitude: 90° 07' 56"  
 Method of Lat/Long (circle one): Conventional Survey  
 USGS quad, Hand-held GPS, Survey-grade GPS  
SW 1/4 NE 1/4 Sec 22 Twn 08 S Rng 09 W  
 Distance Direction Nearest Town  
2.4 Miles NE of Curtis Station

#### Well / Borehole Data

Date drilling started: 8-14-18 Date drilling completed: 8-14-18 Hole depth: 115' Hole diameter: 24"  
 Location of the source of any surface water used for drilling: \_\_\_\_\_  
 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 \_\_\_ X Fish Culture \_\_\_ Other: \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 20 feet above or below (circle one) land surface Date measured: 8-14-18  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 115' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 75' feet Casing diameter: 1 1/2 inches Type of casing: PVC  
 Screen length: 40' feet Screen diameter: 1 1/2 inches Type of screen: PVC  
 Screen slot size: .032 inches Setting depth: From 60 <sup>75</sup> feet to 80 <sup>115</sup> 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 next page*

17-0948

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →	
15'	casing
20'	casing
20'	casing
20'	casing
20'	screen
20'	screen

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)
top soil	Ground Level	10
fine sand	10	15
course sand	15	20
med. sand	20	25
fine sand	25	30
med. sand	30	40
med. sand	40	50
med. sand	50	60
med. sand	60	70
med. sand + pea gravel	70	80
med. sand + pea gravel	80	90
med sand + pea gravel + gravel	90	100
" " " " " "	100	110
med. sand + pea gravel	110	115

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) a north arrow.

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Landowner Name: \_\_\_\_\_

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

Print Name of Responsible Licensee and License No. Chad H. Mattox UNR-2243 Date 4/1/19

Signature of Licensee [Handwritten Signature]

# STATE WELL REPORT

County: Panola  
 Permit #: GW-50532  
 Driller: Chad Mettix  
 Date completed: 8-14-18  
Copy information from block on Part 1

**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 #: 1276  
 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>Nolan West</u>	Latitude: <u>34 22 31</u> Longitude: <u>90 07 56</u>
Mailing Address: <u>22679 Hwy 51</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Sardis</u> MS <u>386066</u> City State Zip Code	<u>SW</u> <input checked="" type="checkbox"/> <u>NE</u> <input checked="" type="checkbox"/> <u>22</u> <input checked="" type="checkbox"/> T. <u>08S</u> <input checked="" type="checkbox"/> R. <u>09W</u> <input checked="" type="checkbox"/>
Telephone No. ( <u>662</u> ) <u>487-3344</u>	<u>2.4</u> Miles <u>NE</u> of <u>Curtis station</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 8-15-18 Rated Pump Capacity: 3000 Gallons Per Minute

Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**

Electric  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): 20 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 8-27-18  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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