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# 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)

### For Office Use Only:

Aquifer: K77  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County Panola 50838  
Permit # MS-GW-14989  
Driller: Chad Mattox  
Date drilling completed: 9-4-18

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)	Well or Borehole Location
Owner Name: <u>Gary W. Taylor Living Trust</u>	Latitude: <u>34° 21' 11"</u> Longitude: <u>90° 05' 52"</u>
Mailing Address: <u>10355 Memphis Arlington Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GDS</u> , Survey-grade GPS
<u>Lakeland TN 38002</u>	<u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>25</u> Twn <u>08S</u> Rng <u>09W</u>
City State Zip Code	Distance Direction Nearest Town <u>2.5</u> Miles <u>NE</u> of <u>Curtis Station</u>
Telephone No. ( ) _____	

**Well / Borehole Data**

Date drilling started: 9-4-18 Date drilling completed: 9-4-18 Hole depth: 108' 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: 7 feet above or below (circle one) land surface Date measured: 9-4-18

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 108' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 68 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 80 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*

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18-0077

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

8'	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	7
med. sand	7	10
fine sand	10	15
med. sand	15	20
fine sand	20	30
med. sand	30	40
med. sand, pea gravel, gravel	40	50
" " " " "	50	60
" " " " "	60	70
" " " " "	70	80
" " " " "	80	90
" " " " "	90	100
" " " " "	100	108

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: \_\_\_\_\_

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.

Chad H. McTrox    UNR-8243  
Print Name of Responsible Licensee and License No.

4/1/19  
Date

*(Signature)*  
Signature of Licensee

Replacement for 11989

### STATE WELL REPORT

#### Part 2

County: Panola  
 Permit #: MS-GW-11989  
 Driller: Chad Mattox 50838  
 Date completed: 9-4-18  
Copy information from block on Part 1

**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 #: K77  
 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>Gary W. Taylor Living Trust</u>	Latitude: <u>34 21 11</u> Longitude: <u>90 05 52</u>
Mailing Address: <u>10355 Memphis</u>	Method of Lat/Long (check one): Conventional Survey _____,
<u>Arlington Rd.</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Lakeland TN</u> <u>38002</u>	<u>8W</u> <input checked="" type="checkbox"/> <u>1/4</u> <u>SE</u> <input checked="" type="checkbox"/> <u>1/4</u> , Sec <u>25</u> <input checked="" type="checkbox"/> T. <u>08S</u> <input checked="" type="checkbox"/> R. <u>09W</u>
City State Zip Code	<u>2.5</u> Miles <u>NE</u> of <u>Curtis Station</u>
Telephone No. ( ) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 9-5-18 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: 60 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 7 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.*

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
David P. Holt 0-752 P 9-25-18  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer