

Well #5

Job # ~~8615~~
8615

County: Panola
 Permit #: OW 42973
 Driller: Pete Sappington
 Date drilling completed: ~~11-14-08~~
11-14-08

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: P-45
 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: 266 Walnut Rd.
Sardis MS 39666
 City State Zip Code
 Telephone No. (662) 487-3858

Well or Borehole Location
 Latitude: 34° 19' 45.59" Longitude: 90° 10' 17.84"
 Method of Lat/Long (circle one): 46 Conventional Survey, 18
 USGS quad: Hand-held GPS Survey-grade GPS
NE 5 1/4 Sec 5 Twn 9S Rng 9W
 Distance Direction Nearest Town
0.1 Miles W of Curtis

Well / Borehole Data
 Date drilling started: 11-14-08 Date drilling completed: 11-14-08 Hole depth: 100' Hole diameter: 28"
 Location of the source of any surface water used for drilling: Ditch on Curtis Rd. East of Wells
 Method of dosing and volume of Chlorine used in drilling and development: Sodium hypochlorite @ 10ppm
 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 Fish Culture _____ Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 9 feet above or below (circle one) land surface Date measured: 11-14-08
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 100' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Dentonite Mix
 Casing length: 60 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 100 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*

Form: OLWR-SWR-1A (04/08)

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: P-45
 Elevation: _____

County: PANOLA
 Permit #: _____
 Driller: PEPE SOWELL DRILLING
 Date completed: 11-14-08
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>Nolan West</u>	Latitude: <u>34° 19' 45.59"</u> Longitude: <u>90° 10' 17.84"</u>
Mailing Address: <u>266 Walnut Rd</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>46</u> <u>18</u>
<u>SARDIS, MS</u> <u>38666</u>	USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>5</u> T <u>9S</u> R <u>9W</u>
Telephone No. <u>(602) 487-3858</u>	Distance Direction Nearest Town <u>1.8</u> Miles <u>SW</u> of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>3-24-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>9</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

David P. Holt 0-752P
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

Form: OLWR-SWR-1B

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