

replace 14684? No permit

County: Panola
 Permit #: GW-44855
 Driller: Irrigation Equipment
 Date drilling completed: 01/05/2012

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: P 56
 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)	Well or Borehole Location
Owner Name: <u>Nolan West</u>	Latitude: <u>34</u> ° <u>16</u> ' <u>15</u> " Longitude: <u>90</u> ° <u>07</u> ' <u>42</u> "
Mailing Address: <u>266 Walnut Road</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Sardis</u> <u>Ms</u> <u>38666</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>27</u> ✓ Twn <u>9S</u> ✓ Rng <u>9W</u> ✓
Telephone No. () -	<u>NE</u> Direction Nearest Town
	_____ Miles of <u>E Locke Station</u>

Well / Borehole Data

Date drilling started: 01/05/2012 Date drilling completed: 01/05/2012 Hole depth: 110 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check 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 flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet above or below (check one) land surface Date measured: _____

Method of Measurement (check one) steel tape electric tape air line other: _____

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 71 feet to 110 feet

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

Other (describe): Circle S Irrigation will set the pump

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)

This can't be 44855, IRE Eq drilled that 5/6/11. (P52) which permit is this?

nADisk.com

50503?

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Google earth



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JAN 23 2012
BY: OLWR

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

County: PANOLA
 Permit #: GW-44855
 Driller: IRRIGATION EQUIPMENT
 Date completed: 1-5-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: P56
 Well #: _____
 Elevation: _____

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° 16' 15.29"</u> Longitude: <u>90° 7' 41.94"</u>
Mailing Address: <u>2166 WALNUT RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>SARDIS</u> <u>MS</u> <u>38166</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>27</u> T <u>9S</u> R <u>9W</u>
Telephone No. <u>(662) 487-3858</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>E</u> of <u>Locks Station</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>3-5-12</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 Electric Measuring Line Steel Tape
Static Water Level (A): _____ 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 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

RECEIVED
 MAR 28 2012
 BY: OLWR