

County: Panola  
Permit #: GW-44857 ✓  
Driller: Irrigation Equipment  
Date drilling completed: 01/06/2012

**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: P57  
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 ° 17 ' 13 "</u> Longitude: <u>90 ° 06 ' 55 "</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>NW</u> ¼ <u>SE</u> ¼ Sec <u>23</u> Twn <u>9S</u> Rng <u>9W</u>
Telephone No. <u>( ) -</u>	Distance Direction Nearest Town
	_____ Miles _____ of <u>E Locke Station</u>

**Well / Borehole Data**

Date drilling started: 01/06/2012 Date drilling completed: 01/06/2012 Hole depth: 98 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: 98 Well grouted to a depth of 10 feet Type of grout (check one):  Neat Cement  Bentonite  Mix

Casing length: 58 feet Casing diameter: 16 inches Type of casing: PVC

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

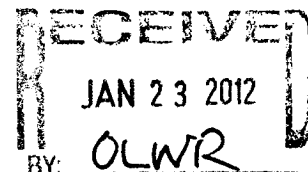
Screen slot size: .050 inches Setting depth: From 59 feet to 98 feet

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)





# 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-44857  
 Driller: IRRIGATION EQUIPMENT  
 Date completed: 1-6-12  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: R57  
 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°17'13.17"</u> Longitude: <u>90°46'55.27"</u>
Mailing Address: <u>266 WALNUT RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>SARDIS</u> MS <u>38664</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>23</u> T <u>9S</u> R <u>9W</u>
Telephone No. <u>(662) 487-3858</u>	NW SE Direction Nearest Town
	<u>2 1/4</u> Miles <u>NE</u> of <u>Locke Station</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>600</u>
Date Pump Installed: <u>3-5-12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</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

RECEIVED

Form: OLWR-SWR-1B (04/08)  
 MAR 28 2012  
 BY: OLWR