

# 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 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

For Office Use Only:

Well #: P72  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Panola  
Permit #: MS-GW-48777  
Driller: Tommy Peacock Sr  
Date drilling completed: 1-19-17

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.

<p style="text-align: center;"><b>Well Owner Information</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>West Partnership 11</u> Mailing Address: <u>22679 Hwy 51 N</u> <u>Sardis</u> <u>MS</u> <u>38666</u> City State Zip Code Telephone No. ( ) _____</p>	<p style="text-align: center;"><b>Well or Borehole Location</b></p> <p>Latitude: <u>34° 16' 42"</u> Longitude: <u>W 90° 06' 53"</u> Method of Lat/ Long (check one): Conventional Survey _____ USGS quad/ <u>NE 1/4 NW 1/4 Sec 26</u> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <input type="checkbox"/> <u>T 095 R 09W</u> <u>8</u> Miles <u>S</u> of <u>Marks</u> (Distance) (Direction) (Nearest Town)</p>
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**Well / Borehole Data**

Date drilling started: 1-19-17 Date drilling completed: 1-19-17 Hole depth: 115' Hole diameter: 24"  
Location of the source of any surface water used for drilling: nearby ditch  
Method of dosing and volume of Chlorine used in drilling and development: when fillin tank  
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_  
Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture  
Other (describe): \_\_\_\_\_  
If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 23 feet [above or below land surface Date measured: 1-19-17  
(circle one)  
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_  
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: 16 inches Type of casing: PVE  
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVE  
Screen slot size: 1/8" - 1/2" Setting depth: From 75 feet to 115 feet  
Type of completion (circle all applicable): Gravel packed Underreamed 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 (4/13)

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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 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: PANOLA  
 Permit #: GW-49777  
 Driller: TOMMY PEACOCK SR  
 Date completed: 1-19-17  
Copy information from block on Part 1

**For Office Use Only:**

Well #: P72  
 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>West Partnership II</u>	Latitude: <u>34° 16' 42"</u> Longitude: <u>90° 06' 53"</u>
Mailing Address: <u>22679 HWY 51 N</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>SARVIS</u> City <u>MS</u> State <u>38166</u> Zip Code	<u>NE 1/4 NW 1/4</u> , Sec <u>26</u> T <u>09S</u> R <u>09W</u>
Telephone No. <u>(602) 487-3858</u>	<u>2.25</u> Miles <u>E</u> of <u>LOCKE STATION</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 2-20-17      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: 80      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): \_\_\_\_\_ 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

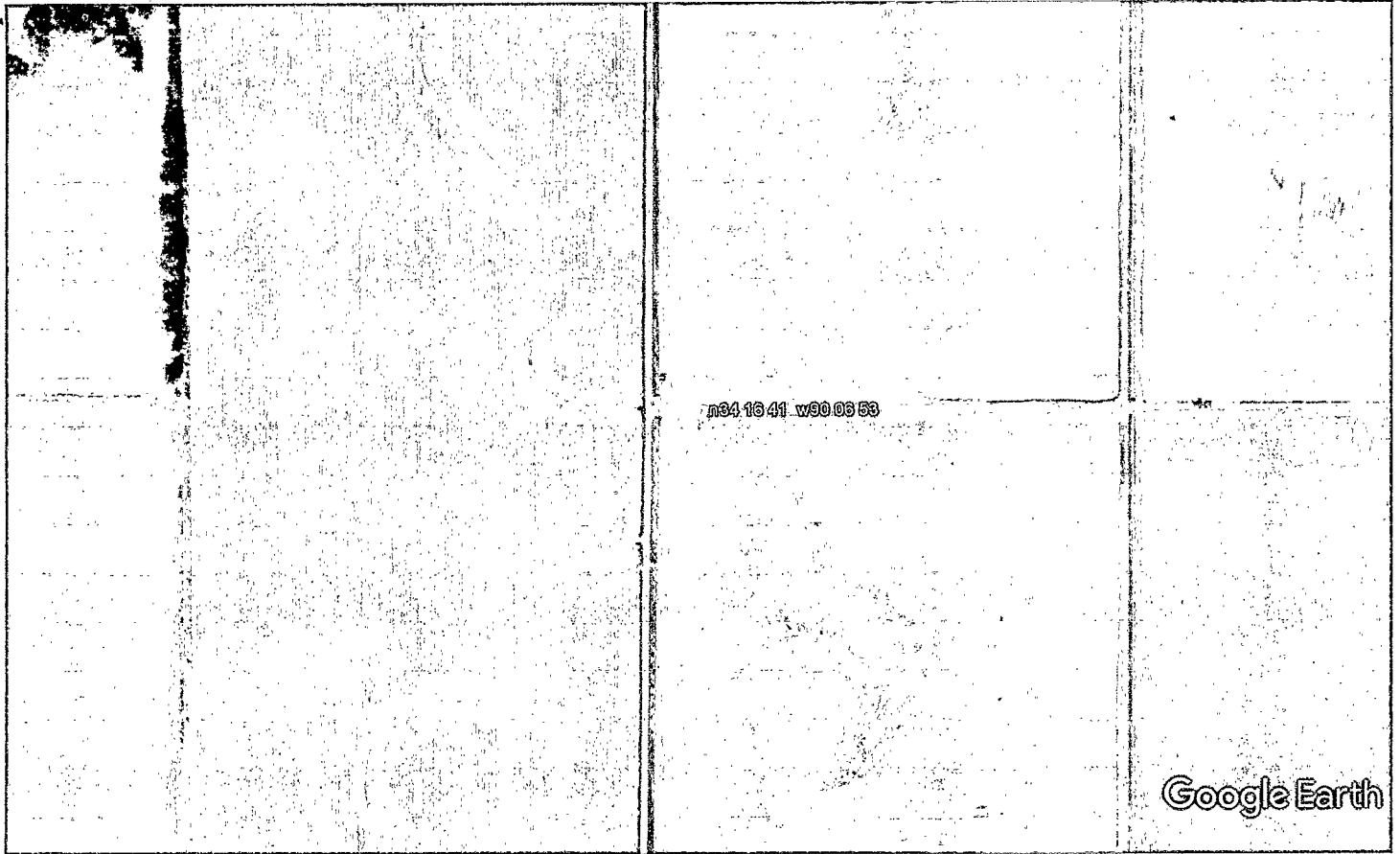
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*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

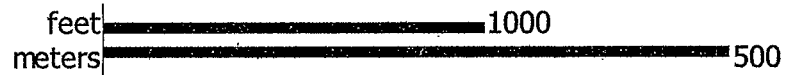
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

DAVID P. HOLT 0-752P      3-15-17      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer

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