

County: Panola  
 Permit #: \_\_\_\_\_  
 Driller: Pete Well Drilling  
 Date drilling completed: 9-28-06

### Well Driller Report and Well Log

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 #: 5-70  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Hurston Newcomb</u>	Latitude: <u>34° 16' 58.0"</u> Longitude: <u>89° 47' 43.3"</u>
Mailing Address: <u>409 Dees Rd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Batesville</u> MS <u>38606</u>	<u>1/4</u> <u>1/4</u> Sec <u>26</u> Twn <u>9S</u> Rng <u>6W</u>
City State Zip Code	Distance <u>3.4</u> Miles Direction <u>W</u> of Nearest Town <u>Mt. Olivet</u>
Telephone No. <u>(662) 563 7914</u>	

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 9-28-06 Date well drilling completed: 9-28-06

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 69 feet above or below (circle one) land surface Date measured: 9-28-06

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

Hole depth: 170 Well depth: 170 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 0.13 inches Setting depth: From 130 feet to 170 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Pete Well Drilling & Pump Repair Pete S...  
 Print Name of Water Well Contractor and License No. 0430 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 OCT 23 2006  
 BY: OLWF



# 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)

County: Panola  
Permit #: \_\_\_\_\_  
Driller: Pete Well Drilling  
Date completed: 9-28-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: 5-70  
Elevation: \_\_\_\_\_

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>HURSTON NEWCOMB</u>	Latitude: <u>34° 16' 58.0"</u> Longitude: <u>89° 47' 93.3"</u> <span style="margin-left: 150px;"><u>35</u></span> <span style="margin-left: 150px;"><u>56</u></span>
Mailing Address: <u>408 Oak Rd</u> <u>Batesville MS</u> <u>MS 38606</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>26</u> Twn <u>9S</u> Rng <u>6W</u>
Telephone No. <u>(662) 563-7914</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u>
Date Pump Installed: <u>9-28-06</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>No Test</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
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.

Pete Well Drilling 0430 Pete Seay  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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OCT 23 2006  
BY: OLWR