

10-270

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)

County: Panola
 Permit #: G0244332
 Driller: Pete Sappington
 Date drilling completed: 7-5-10

For Office Use Only:
 Aquifer: V 86
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Bolen Farms Kenny Bolen</u>	Latitude: <u>34° 11' 47.3</u> Longitude: <u>90° 07' 04.1</u>
Mailing Address: <u>7575 Dummy Line Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
<u>Batesville Ms. 38606</u> City State Zip Code	<u>NE 1/4 SE 1/4 Sec 19 Twn 27N Rng 2E</u>
Telephone No. <u>(662) 934-5549</u>	Distance Direction Nearest Town <u>2 Miles NE of Crowder</u>

Well / Borehole Data

Date drilling started: 7-5 Date drilling completed: 7-5 Hole depth: 100' Hole diameter: 18"

Location of the source of any surface water used for drilling: Ditch N. on West

Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo-Chlorite @ 10 ppm

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: 10 feet above or below (circle one) land surface Date measured: 7-6

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 Bentonite Mix

Casing length: 60 feet Casing diameter: 12 inches Type of casing: PVC sch 40

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC sch 40

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*

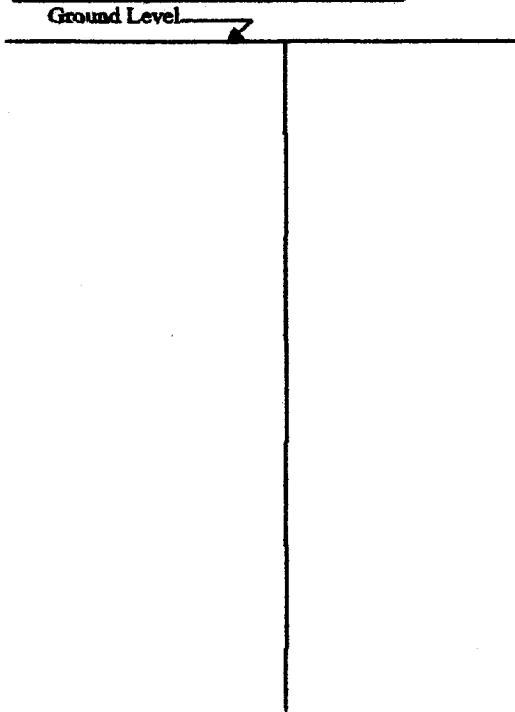
Form: OLWR-SWR-1A (04/08)

RECEIVED
JUL 21 2010
BY: OLWR

486

The sketch below only required for water wells

If well telescopes, show depths on sketch



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	30
Fine Sand	30	32
Coarse Sand/G gravel	32	100

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

See Map Attached

Landowner Name: Balen Facas Keang Balen

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

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

Pete Springston 0430
Print Name of Responsible Licensee and License No.

7-6
Date

Pete Springston
Signature of Licensee

RECEIVED
JUL 21 2010
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)

For Office Use Only:

Aquifer: _____
 Well #: U86
 Elevation: _____

County: PANOLA
 Permit #: GW-44332
 Driller: Pete's Well Drilling
 Date completed: 7-5-10
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>BOLEN FARMS · KENNY BOLEN</u>	Latitude: <u>34° 11' 47.6"</u> Longitude: <u>90° 7' 4.3"</u>
Mailing Address: <u>7575 Dummy Line Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Batesville, MS 38606</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>19</u> T <u>27N</u> R <u>2E</u>
Telephone No. <u>(662) 934-5549</u>	Distance Direction Nearest Town
	<u>1.7</u> Miles <u>NE</u> of <u>CROWDER</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input 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>600</u>
Date Pump Installed: <u>7-6-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1600</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"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>10</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 of Pump Installer

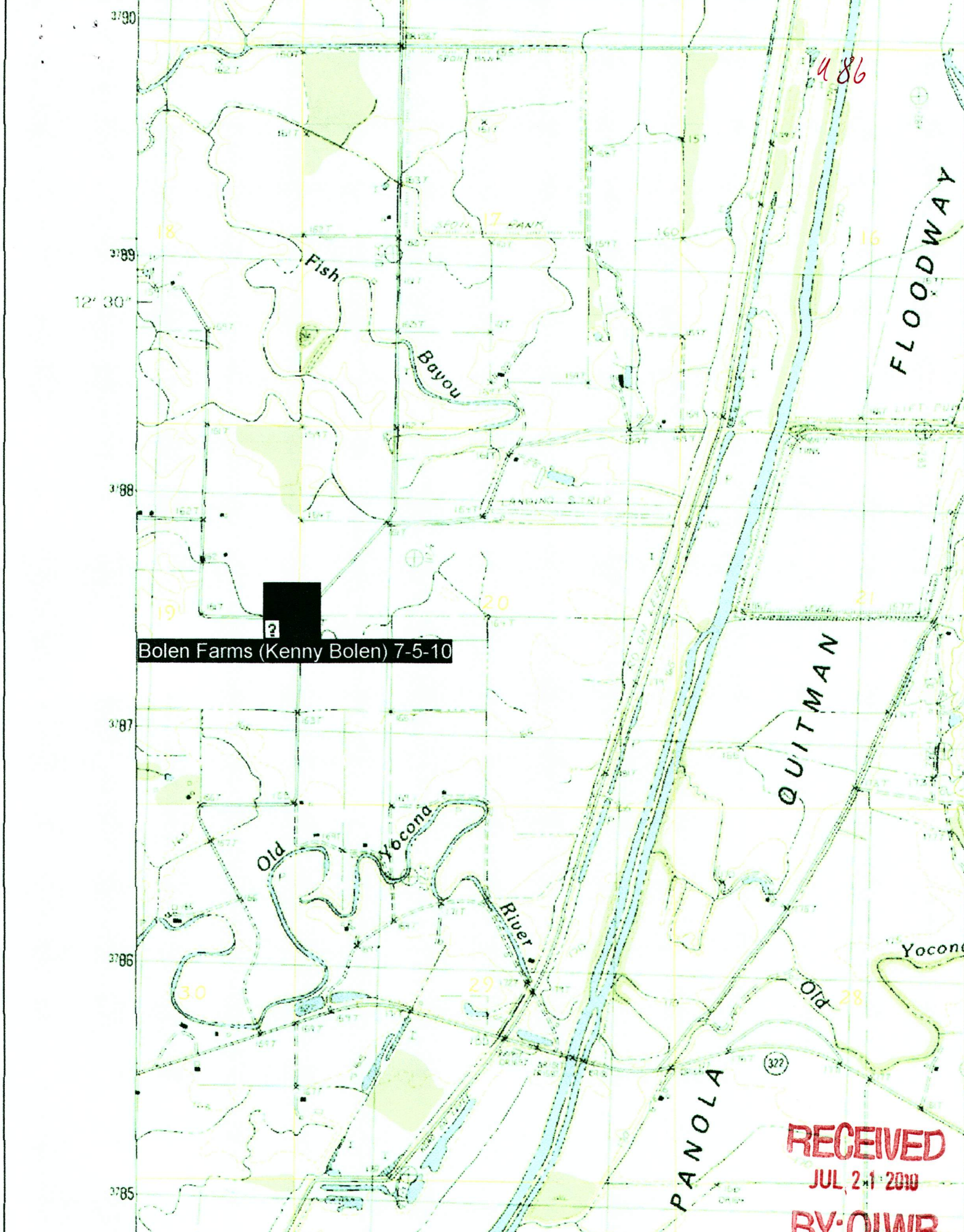
Form: OLWR-SWR-1B (04/08)

RECEIVED

JUL 26 2010

BY: OLWR

JOB 10270



486

2
Bolen Farms (Kenny Bolen) 7-5-10

RECEIVED
JUL 21 2010
BY: OJWR