

**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: U 98  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Panola  
Permit #: GW-46984  
Driller: Joel Jumper  
Date drilling completed: 5-3-13

*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>Barry Knight</u>	Latitude: <u>34° 10' 53"</u> Longitude: <u>90° 2' 20"</u>
Mailing Address: <u>8901 Forrest</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Cove</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
<u>Cordova TN 38018</u>	SE 1/4 DE 1/4 Sec <u>25</u> Twn <u>21N</u> Rng <u>02E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>0</u> Miles <u>E</u> of <u>Cordova</u>

**Well / Borehole Data**

Date drilling started: 5-3-13 Date drilling completed: 5-3-13 Hole depth: 75 Hole diameter: 2.5in

Location of the source of any surface water used for drilling: Nearest Well  
Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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: 8 feet above or below (circle one) land surface Date measured: 5-3-13

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

Well depth: 75 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 35 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 50 inches Setting depth: From 0 feet to 50 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)

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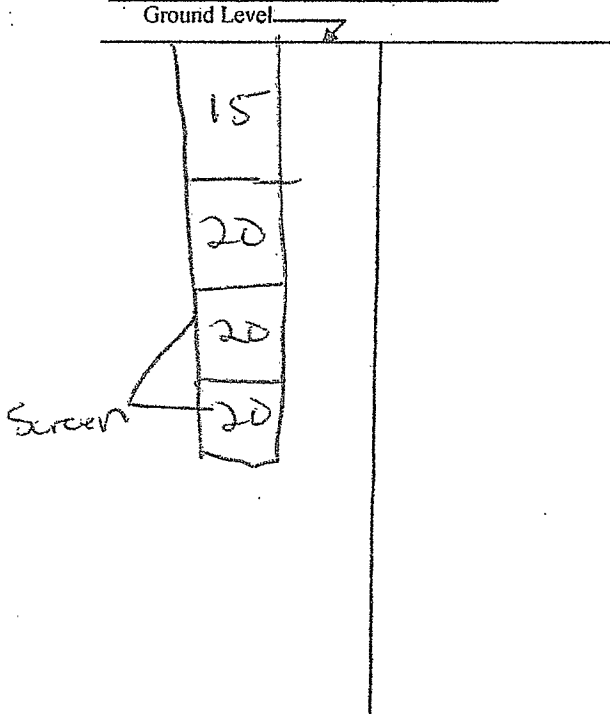
JUN 03 2013

BY: OLWR

The sketch below only required for water wells

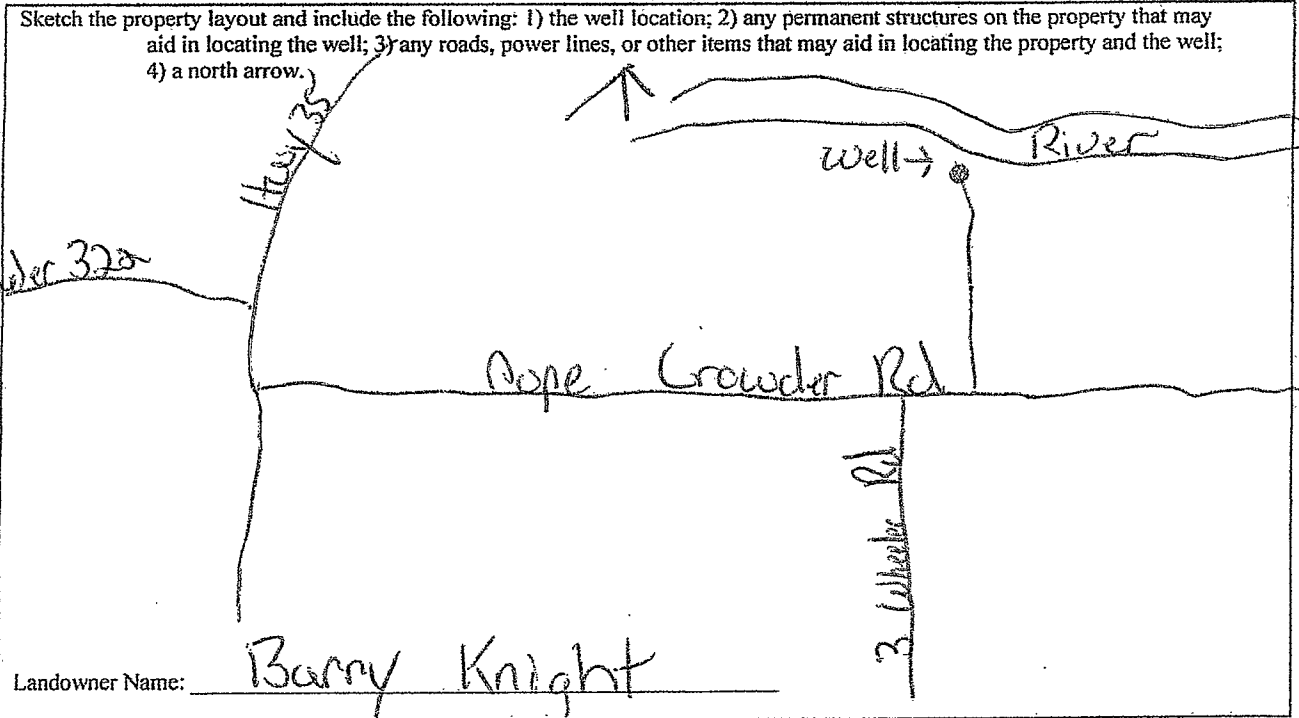
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	20
sand	20	40
gravel	40	60
gravel	60	75

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



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.

Joel Jumper  
 Print Name of Responsible Licensee and License No.

5-3-13  
 Date

Joel Jumper  
 Signature of Licensee

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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)

**For Office Use Only:**

Well #: U98

Aquifer: \_\_\_\_\_

County: PANOLA  
 Permit #: GW-46984  
 Driller: JOEL JUMPER  
 Date completed: 5-3-13  
 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.*

<p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>BELLAM HEIGHTS</u>                  Mailing Address: <u>8901 FORREST RIDGE</u>  <u>CORNOIA</u> <u>TN</u> <u>38018</u>                  City State Zip Code                  Telephone No. <u>(901) 378-0552</u></p>	<p style="text-align: center;"><b>Well Location</b></p> <p>Latitude: <u>34° 10.53"</u> Longitude: <u>90° 02.20"</u>                  Method of Lat/Long (check one): Conventional Survey _____,                  USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____  <u>SE</u> ¼ <u>SE</u> ¼, Sec <u>25</u> T <u>27N</u> R <u>02E</u>  <u>.6</u> Miles <u>E</u> of <u>CROWDER</u>                  (Distance) (Direction) (Nearest Town)</p>
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**Pump Type (circle one)**

Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 4-15-14 Rated Pump Capacity: 800 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: 60 Setting Depth: 50 feet Number of Stages: 3

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 8 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: N/A 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

*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.*

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 APR 29 2014

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

DAVID P. HOLT 0-752 P 4-25-14 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

14-0163