

# State Well Report

## Part 1

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 #: E-97 081  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: LEE  
Permit #: \_\_\_\_\_  
Driller: Herndon Well  
Date drilling completed: 9-20-04

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>Jerry Larkin</u>	Latitude: <u>34° 24' 56"</u> Longitude: <u>88° 42' 16"</u>
Mailing Address: <u>129 Winfield Dr</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Tupelo</u> <u>MS</u> <u>38801</u>	<u>1/4</u> <u>1/4</u> Sec <u>6</u> Twn <u>8S</u> Rng <u>6E</u>
City State Zip Code	Distance <u>2</u> Miles Direction <u>NW</u> of Nearest Town <u>Saltillo</u>
Telephone No. ( ) _____	

**Well Data**

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

Date well drilling started: 9-16-04 Date well drilling completed: 9-17-04

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

Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 490' Well depth: 490' Well grouted to a depth of 20' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 208 feet Casing diameter: 5 inches Type of casing: steel

Screen length: N/A feet Screen diameter: \_\_\_\_\_ inches Type of screen: open hole

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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: N/A 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): \_\_\_\_\_

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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.

HERNDON WELL & SUPPLY Ricky Herndon  
Print Name of Water Well Contractor and License No. #529 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level

E-97

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Red Clay	0	4
White Clay	4	20
Clay + Sand	25	62
Sand	62	112
Clay Sand	112	135
Gray Clay	135	160
Sand	160	175
Clay	175	390
Sand	390	480
Clay	480	490

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) indicate direction.

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Landowner Name: Jerry Larkin

Ricky Herndon  
Signature of Water Well Contractor

# 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: LEE  
 Permit #: \_\_\_\_\_  
 Driller: Herndon Well  
 Date completed: 9-20-04

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: E-97  
 Elevation: \_\_\_\_\_

**This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.**

Well Owner Information	Well Location
Owner Name: <u>Jerry Carlin</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>129 Winfield Dr</u>	Method of Lat/Long (circle one) <u>Conventional Survey</u>
<u>Tupelo Ms. 38801</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 SE 1/4 Sec 6 Twn 8S Rng 6E</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>2 Miles NW of Salthillo</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4 HP</u> RECEIVED
Date Pump Installed: <u>9-20-04</u>	Setting Depth: <u>189'</u> feet SEP 24 2004
Rated Pump Capacity: <u>5</u> Gallons Per Minute	Number of Stages: <u>18</u> BY OLWR

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.

HERNDON WELL & SUPPLY Ricky Herndon  
 Print Name of Pump Installer and License No. (if applicable) 529 Signature of Pump Installer