

430

# 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)

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date drilling completed: 1-31-19

**For Office Use Only:**  
 Well #: 093A1C4  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

**RECEIVED**

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.

MAR 08 2019

BY OLWR

<p><b>Well Owner Information</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Patty Baber</u>          Mailing Address: <u>390 South Lenderman Rd</u>  <u>Byhalia MS 38661</u>          City State Zip Code          Telephone No. <u>(662) 544 0103</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>34° 9' 30.28"</u> Longitude: <u>89° 59' 3.995"</u>  <u>34-58.22.9</u> <u>89-35-34.8</u>          Method of Lat/Long (check one): Conventional Survey _____          USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____  <u>SE 1/4 NW 1/4, Sec 26 T 15 R 4W</u>  <u>4</u> Miles <u>W</u> of <u>mt Pleasant</u>          (Distance) (Direction) (Nearest Town)</p>
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**Well / Borehole Data**

Date drilling started: 1-30-19 Date drilling completed: 1-31-19 Hole depth: 135 Hole diameter: 8"  
 Location of the source of any surface water used for drilling: Well Water  
 Method of dosing and volume of Chlorine used in drilling and development: 1/2 Pt Chlorine to 100 gal Water  
 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: 90 feet [above or below] and surface Date measured: 1-31-19  
 (circle one)  
 Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_  
 Well depth: 135 Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix  
 Casing length: 125 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC  
 Screen slot size: .013 inches Setting depth: From 125 feet to 135 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

# 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 #: C43A10A

**RECEIVED**

**MAR 08 2019**

County: <u>Marshall</u>
Permit #: <u>0-162</u>
Driller: <u>Larry Carpenter</u>
Date completed: <u>1-31-19</u>
<i>Copy information from block on Part 1</i>

*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>Patty Baker</u>	Latitude: <u>34° 9' 30.28"</u> Longitude: <u>89° 59' 29.95"</u>
Mailing Address: <u>390 S. Lenderman Rd</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> , USGS quad <input type="checkbox"/> , Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
<u>Byzalia</u> MS <u>38661</u>	SE <input type="checkbox"/> NW <input checked="" type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> Sec <u>26</u> T <u>1S</u> R <u>4W</u>
City State Zip Code	<u>4</u> Miles <u>W</u> of <u>Mt Pleasant</u>
Telephone No. <u>(662) 544 0103</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 1-31-19 Rated Pump Capacity: 10 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: 3/4 Setting Depth: 120 feet Number of Stages: 10

**Pump Test Data for Non Flowing Well**

Date Well Tested: 1-31-19 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 90 Feet Below Land Surface Pumping Water Level (B): 80 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 10 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

*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.

Larry Carpenter # 0162 2-7-19 Larry Carpenter

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

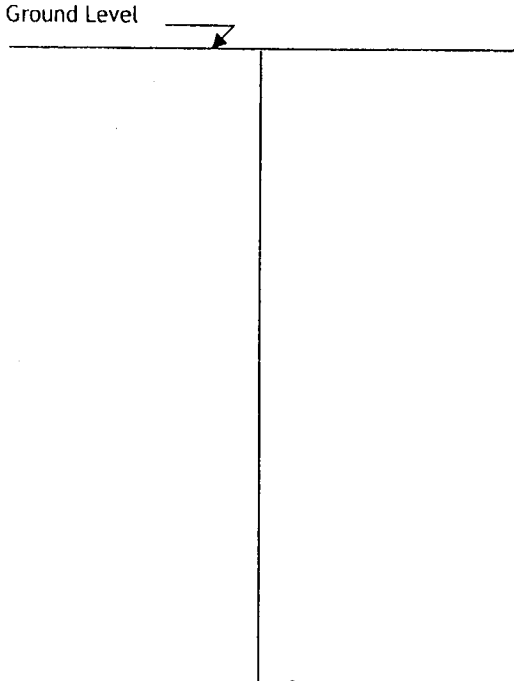
County: Marshall  
 Permit #: 0-162

**For Office Use Only:**  
 Well #: A104

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.

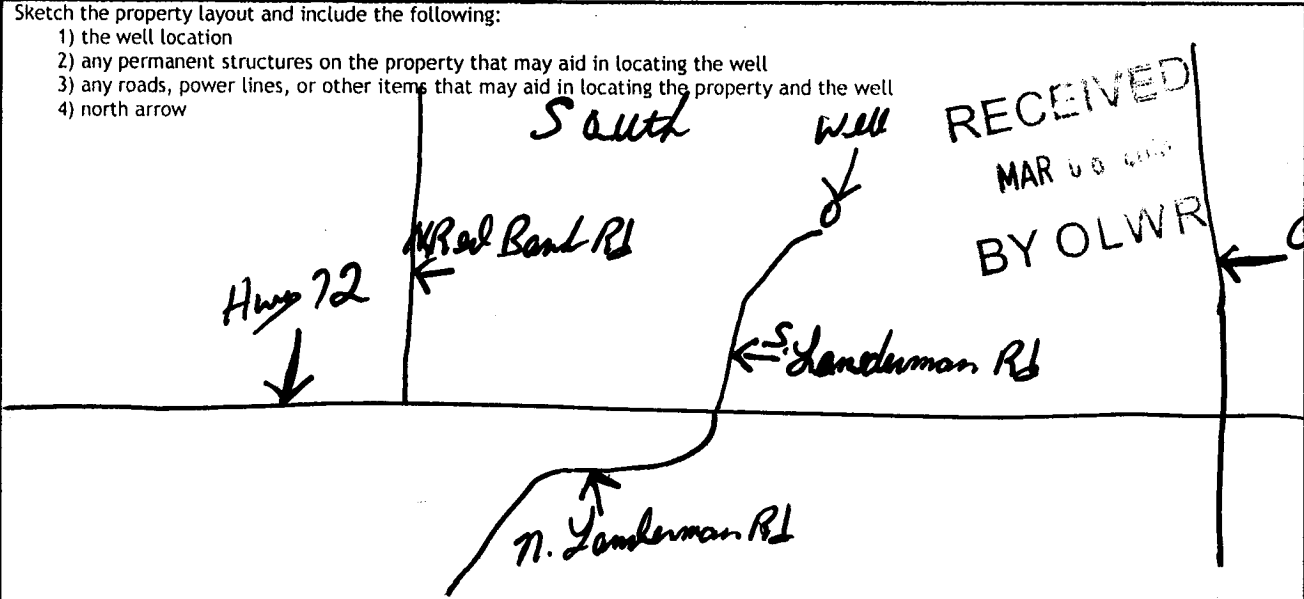


Description of Formations Encountered	From (depth)	To (depth)
Surface Soil	0	22
White Clay	22	54
Red Sand	54	80
Whitefine Sand	80	108
White coarse Sand	108	135

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) north arrow



Landowner Name: Patty Baker

I HEREBY 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.

Larry Carpenter #0162      2-7-19      Larry Carpenter  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee