	CT A TE	WELL REPORT		
County: Marshall	SIAIL	Part 1	For Office Use Only:	
Permit #: 0-162		riller's Log	Well #: <u>B91</u>	
Driller Larry Carpenter		ment of Environmental Quality nd and Water Resources	Aquifer:	
Date drilling completed: 3-26-14		P.O. Box 2309 on, MS 39225-2309	E-Log #:	
/	J (601)961-5210 ¹		
(601)360-0535 (fax)				
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.				
Well Owner Information (Landowner if borehole is not for a water well)			hole Location	
	•	Latitude: 34 52 3d Lon	gitude: 89 34 504	
Mailing Address: 323 mt Pleasant Rd Meth		346571/8" Method of Lat/Long (check one	: Conventional Survey,	
		USGS quad, Hand-held G	PSX Survey-grade GPS	
018 11 200	30/11	1	33 T 15 R 3W	
Red Banks MS City State	<i>38611</i> Zip Code	1/2 Miles W of		
Telephone No. (901) 213. 43	541	(Distance) (Direction)	(Nearest Town)	
Well / Borehole Data				
Date drilling started: 3-2614 Date drilling completed: 3-26-14Hole depth: 180' 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. ZED Chlorine to 1883 Hol. 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 (<i>describe</i>)				
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:				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: 185 Well grouted to a depth of: 10 feet Type of grout (circle one) Neat Cement Bentonite Mix				
Casing length: 170 feet Casing diameter: 4 inches Type of casing:				

___feet

If telescoped or more than one screen, describe on next page

Underreamed

Screen length: _______feet

Other (describe):_

Screen slot size: _____inches

Top of lap pipe or reduction in casing: __

Type of completion (circle all applicable): Gravel packed

Form: OLWR-SWR-1A (4/13)

34.955

Natural Development

-89.578

Type of screen: __

_feet to ___

Open hole

For Office Use Only: Well #:
The sketch below only required for water wells If well telescopes, show depths on sketch. Ground Level Description of formations encountered must be provided for all well and boreholes, unless specifically exempted by regulations Description of Formations Encountered From (depth) Ground level Sufect Sail Mark Clay 1/5 / 32 Whith Care 10 5 3
If well telescopes, show depths on sketch. Ground Level Description of Formations Encountered From (depth) Sufere Sail Multitudy To (depth) From (depth) To (depth) From (depth) To (depth) Multitudy Multitudy
Ground Level Description of Formations Encountered From (depth) To (depth) Sufect Soil B 20 White Clay 20 55 Med white Soil 55 1/5 White Clay 1/5 /32
Sufere Soil Ground level Sufere Soil & 20 White Clay 20 55 Mel white Soul 55 1/5 White Clay 1/5 /32
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The lift Sort 55 115 White Clay 115 132
White Clay 115 132
What Course S. 2
What Course S. 2
White Coarde Sand 132 180
If more than one correct at
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 et al.
3) any roads, power lines, or other items that may aid in locating the well 4) north arrow
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Jaska Re
De To Wingsung
Injuly of
House
Well I
Landowner Name: David Payne
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable if applicable, and state laws.
requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations,
130 444 (10)
Darry Carpenter # 0-162 3 27-14 Long Carpette. Print Name of Responsible Licensee and License No. Date Signature of Licensee

Signature of Licensee Form: OLWR-SWR-1A (4/13)

County: Marshall

STATE WELL REPORT

Permit #: 0-162 Driller: Larry Carpenter Date completed: 3-27-14 Copy information from block on Part 1

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 #: B 9/				
Aquifer:				

This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D	well contractor or a licensed pump installer. A copy of Part I epartment at the above address within 30 days of well completion.			
Well Owner Information	34° 57' 18 · Well Location 89° 3, 40,8°			
Owner Name: David Payne	Latitude 34 50 30/ Longitude: 89 34 504			
Mailing Address: 323 mt Planant Rd	Method of Lat/Long (check one): Conventional Survey,			
Red Banks MS 386/1 City State Zip Code Telephone No. (901) 212, 454	USGS quad, Hand-held GPS X , Survey-grade GPS			
	e (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):				
Date Pump Installed: 3-27-14 Rated Pump Capacity: 12 Gallons Per Minute				
Is This Pump (circle one): (New Repaired Replacemen	Galloris Per Minute			
Power Type (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe)				
Horse Power Rating of Motor: 3/4 Setting Depth: 130 feet Number of Stages: _//				
Pump Test Data 6	or Non Flowing Wall			
Pump Test Data for Non Flowing Well Date Well Tested: 3-27-14 Duration of Pump Test (minimum 4 hours): 4 hours Static Water Lavel (A) 2 / 14				
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface				
Drawdown [(R) - (A)]:	rumping water Level (B): Feet Below Land Surface			
Drawdown [(B) - (A)]:				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Measured shut in head:feet.	for Flowing Well			
Well yieldedGPM with a drawdown of	feet afterhours of pumping			
Meter Installation				
Meter Manufacturer:	Meter Serial Number:			
Meter Model Number/Name:	Type of Meter:			
Totalizer Register Unit and Multiplier Factor (AF ${ t x}$.001, gal ${ t x}$	1000, etc):			
Installation Date: Meter installed by:				
s 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.				
HEREBY CERTIFY that the above statements are true to the b	pest of my knowledge			
Parry Carporter #0-162 32714 Larry Carporter				
or i dinp installer and license No. (If applicable)	Date Signature of Pump Installer			

Form: OLWR-SWR-1B (4/13)