

# State Well Report

## Part 1 - Driller's Log

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: Marshall  
Permit #: 6-162  
Driller: Larry Carpenter  
Date drilling completed: 7-25-05

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: B-65 F-115  
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<br>(Landowner if borehole is not for a water well)  | Well or Borehole Location   |
|---|---|
| Owner Name: <u>Southern Home</u>  | Latitude: <u>34° 55' 51"</u> Longitude: <u>89° 30' 29"</u>  |
| Mailing Address: <u>420 East Van Dorn Ave</u>   | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Holly Springs Ms. 38635</u><br>City State Zip Code   | NW 1/4 NW 1/4 Sec <u>10</u> Twn <u>25</u> Rng <u>3W</u>   |
| Telephone No: <u>662 252-3497</u>   | Distance <u>1 1/2</u> Miles Direction <u>South</u> of Nearest Town <u>Mt. Pleasant</u>              |
| Well / Borehole Data  |   |
| Date drilling started: <u>7-25-05</u> Date drilling completed: <u>7-25-05</u> Hole depth: <u>145</u> Hole diameter: <u>8 1/2</u>                            |   |
| Location of the source of any surface water used for drilling: <u>Well Water</u>  |   |
| Method of dosing and volume of Chlorine used in drilling and development: <u>2 lb. Chlorine to 1000 Gal Water</u>   |   |
| Logs run (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____   |   |
| Name of organization running log(s): _____  |   |
| Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____   |   |
| Seismic Survey _____ Other (describe) _____   |   |
| <b>If drilling is not related to water well construction, skip the remainder of this block</b>  |   |
| Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ |   |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____  |   |
| Static Water Level: <u>90</u> feet above or below (circle one) land surface Date measured: <u>7-25-05</u>   |   |
| Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____  |   |
| Well depth: <u>145</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix                               |   |
| Casing length: <u>135</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>  |   |
| Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>   |   |
| Screen slot size: <u>.013</u> inches Setting depth: From <u>135</u> feet to <u>145</u> feet   |   |
| Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development                                       |   |
| Other (describe): _____   |   |
| Top of lap pipe or reduction in casing: _____ feet. <b>If telescoped or more than one screen, describe on next page</b>                                     |   |

Form: OLWR-SWR-1A

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date completed: 7-25-05  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B-65 F-115  
 Elevation: \_\_\_\_\_

*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>Southern Homes</u>             | Latitude: _____ Longitude: _____                             |
| Mailing Address: <u>420 East Van Horn Ave</u> | Method of Lat/Long (check one): Conventional Survey _____    |
| <u>Holly Springs</u> <u>NC</u> <u>38635</u>   | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code                           | _____ 1/4 _____ 1/4 Sec _____ T _____ R _____                |
| Telephone No. <u>(662) 252-3497</u>           | Distance _____ Direction _____ Nearest Town _____            |
|   | _____ Miles _____ of _____                                   |

| Pump Type<br>Circle one  | Power Type<br>Circle one   |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>                          | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>           | <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>    |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>3/4</u>  |
| Date Pump Installed: <u>7-25-05</u>  | Setting Depth: <u>115</u> feet   |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute  | Number of Stages: <u>1</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: <u>7-25-05</u>                           | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> |
| Static Water Level (A): <u>90</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>94</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet  |
| Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface     | Well yielded <u>16</u> GPM with a drawdown of  |
| Test Pumping Rate: <u>16</u> Gallons Per Minute            | <u>4</u> feet after <u>4</u> hours of pumping  |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours    |  |

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

LARRY CARPENTER 0-062 Larry Carpenter  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

