

# 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 #: 0-162  
Driller: Long Carpenter  
Date drilling completed: 8-27-09

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
Well #: F150  
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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Phil Kane</u>	Latitude: <u>34° 55' 56"</u> Longitude: <u>89° 30' 51"</u>
Mailing Address: <u>164 Janna Lane</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Holly Springs</u> City <u>MS</u> State <u>38635</u> Zip Code	<u>NE 1/4 NE 1/4 Sec 9 Twn 25 Rng 36</u>
Telephone No. <u>(801) 490-1477</u>	Distance <u>1 1/2</u> Miles      Direction <u>South</u> Nearest Town <u>St. Pleasant</u>

**Well / Borehole Data**

Date drilling started: 8-27-09      Date drilling completed: 8-27-09      Hole depth: 120'      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 lb. Chlorine to 1000 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 (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: Water Linestock

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

Static Water Level: 75 feet above or  below (circle one) land surface      Date measured: 8-27-09

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

Well depth: 120' Well grouted to a depth of 10' feet      Type of grout (circle one)  Neat Cement      Bentonite      Mix

Casing length: 110 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 100 feet to 110 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***

**RECEIVED**  
Form: OLWR-SWR-1A  
**SEP 24 2009**  
**BY: OLWR**



# 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: Mississippi  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date completed: 8-27-09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: F150  
 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>Phil Kvan</u>	Latitude: <u>34-55-49</u> Longitude: <u>89-30-53</u>
Mailing Address: <u>164 Jessica Lane</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Holly Springs</u> City <u>Ms.</u> State <u>38635</u> Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. <u>(901) 490-1477</u>	<u>NE</u> ¼ <u>NE</u> ¼ Sec <u>9</u> T <u>25</u> R <u>3W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>1 1/2</u> Miles <u>South</u> of <u>Mt. Pleasant</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>8-27-09</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-27-09</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>17</u> GPM with a drawdown of
Test Pumping Rate: <u>17</u> Gallons Per Minute	<u>5</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 0-162      Larry Carpenter  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

**RECEIVED**  
**SEP 24 2009**  
**BY: OLWR**