

432

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)

For Office Use Only:

Well #: 093F189
Aquifer: _____
E-Log #: _____

County: Marshall
 Permit #: 0-162
 Driller: Larry Carpenter
 Date drilling completed: 2-5-19

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)	Well or Borehole Location
Owner Name: <u>Jeffery Remington</u>	Latitude: <u>39° 43' 94"</u> Longitude: <u>105° 02' 089"</u> <u>34° 52' 1.76"</u> <u>89° 32' 33.50"</u>
Mailing Address: <u>1170 Moore Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Holly Springs MS 38635</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SW 1/4, Sec 31 32 T 2 S R 3 W</u>
Telephone No. <u>(901) 651-8590</u>	<u>3</u> Miles <u>N</u> of <u>Red Bank</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 2-4-19 Date drilling completed: 2-5-19 Hole depth: 125 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: 2 Pl Chlorine to lower salt 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: 60 feet [above or below] and surface Date measured: 2-5-19
(circle one)

Method of measurement (circle one) Steel tape Electric tape Air line Other (describe): _____

Well depth: 125 Well grouted to a depth of: 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 115 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 115 feet to 125 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

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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 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: <u>Marshall</u>
Permit #: <u>0-162</u>
Driller: <u>Larry Carpenter</u>
Date completed: <u>2-5-19</u>
<u>Copy information from block on Part 1</u>

For Office Use Only:
Well #: <u>E189</u>
Aquifer: _____

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>Jeffery Remington</u>	Latitude: <u>39° 14' 39.42"</u> Longitude: <u>105° 02' 08.91"</u>
Mailing Address: <u>1170 Moore Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, <small>34° 52' 1.76" 51° 52' 33.50"</small>
City: <u>Holly Springs</u> State: <u>MS</u> Zip Code: <u>38635</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(901) 651-8590</u>	<u>NE</u> ¼ <u>SW</u> ¼, Sec. <u>3132</u> T. <u>25</u> R. <u>3W</u>
	<u>3</u> Miles <u>N</u> of <u>Red Bank</u>
	<small>(Distance) (Direction) (Nearest Town)</small>

Pump Type (circle one)	
<input checked="" type="radio"/> Submersible	Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: <u>2-5-19</u>	Rated Pump Capacity: <u>10</u> Gallons Per Minute
Is This Pump (circle one): <input checked="" type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	

Power Type (circle one)	
<input checked="" type="radio"/> Electric	Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: <u>3/4</u>	Setting Depth: <u>100</u> feet Number of Stages: <u>10</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>2-5-19</u>	Duration of Pump Test (minimum 4 hours): <u>4</u> hours
Static Water Level (A): <u>60</u> Feet Below Land Surface	Pumping Water Level (B): <u>68</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface	Test Pumping Rate: <u>10</u> Gallons Per Minute
Method of measurement (circle one): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> 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: <u>RECEIVED</u>
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____	
Installation Date: _____	Meter installed by: <u>MAR 08 2019</u>
Is This Meter (circle one): New Repaired Replacement	
BY OLWR	
<i>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>	

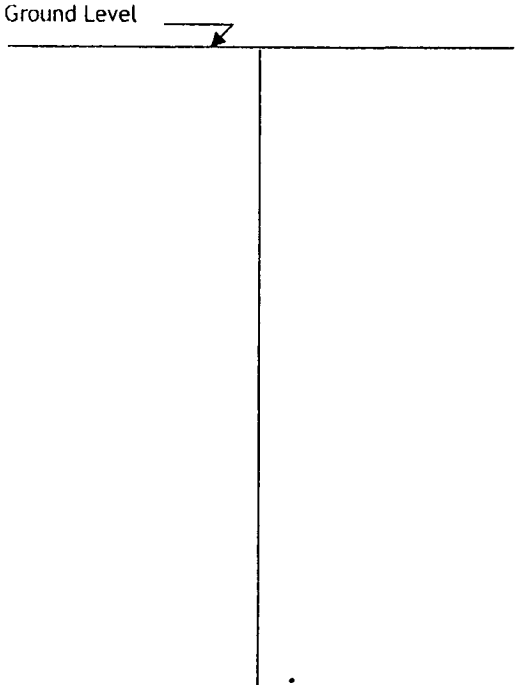
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>Larry Carpenter #0162</u>	<u>2-2-19</u>	<u>Larry Carpenter</u>
<small>Print Name of Pump Installer and License No. (if applicable)</small>	<small>Date</small>	<small>Signature of Pump Installer</small>

County: Marshall
 Permit #: 0-162

For Office Use Only:
 Well #: F189

The sketch below only required for water wells

If well telescopes, show depths on sketch.



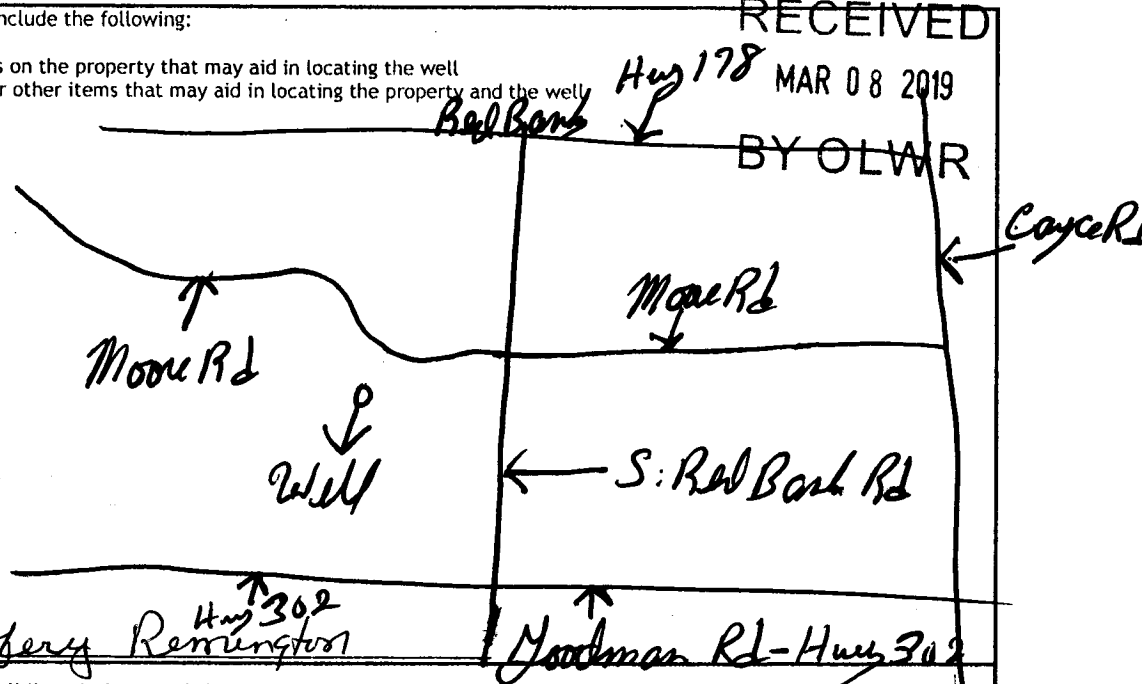
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Surface Soil	0	20
Clay White	20	36
Red Sand	36	65
White fine Sand	65	86
White med Sand	86	100
White coarse Sand	100	125

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: Jeffery Rerrington

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