

County: Marshall  
 Permit #: 0-162  
 Driller: Loring Carpenter  
 Date drilling completed: 7-12-07

### 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)961-3210  
 (601)354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: G-111  
 L. S. Elevator: \_\_\_\_\_  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Anna Rachelson</u>	Latitude: <u>34-53-57</u> - Longitude: <u>81-25-41</u> "
Mailing Address: <u>1894 South Slayden Pl.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lamar</u> <u>Ms</u> <u>38642</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 20 Twp 25 R2W</u>
Telephone No. <u>(601) 252-5768</u>	Distance Direction Nearest Town <u>3 1/2 Miles South of Slayden</u>

**Well / Borehole Data**

Date drilling started: 7-12-07 Date drilling completed: 7-12-07 Hole depth: 225' Hole diameter: 8"

Location of the source of any surface water used for drilling: \_\_\_\_\_

Method of casing and volume of Chlorine used in drilling and development: 1/2 Pp Chlorine for 1000 Gall 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 drilled it not related to water well construction, fill the remainder of this block*

Purpose of Well (check one): Home  Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other \_\_\_\_\_

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

Static Water Level: 145 feet above or below (circle one) land surface Date measured: 7-13-07

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

Well depth: 225 Well grouted to a depth of 10 feet Type of grout (circle one) Best Cement Bentonite Mix

Casing length: 215 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 215 feet to 225 feet

Type of completion (circle all applicable): Gravel packed Underdrilled 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  
 AUG 03 2007  
 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)261-5210  
(601)354-6931 (Fax)

County: Marshall  
Permit #: 0-162  
Driller: Larry Carpenter  
Date completed: 7-13-07  
Give information from block on Part 1

For Office Use Only:

Applnr: \_\_\_\_\_  
Well #: G-111  
Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 2 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>Anna Baskelder</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1894 South Slayden Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lamar</u> <u>Ms</u> <u>38642</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>N</u> <u>Sec 11</u> <u>T 65</u> <u>R 4 W</u>
Telephone No. <u>(662) 252-5768</u>	Distance Direction Nearest Town
	<u>3 1/2</u> <u>Miles South</u> of <u>Slayden</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Gasoline Engine <input type="checkbox"/>
Electric <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Piston <input type="checkbox"/>	<u>Electric Motor</u>
Turbine <input type="checkbox"/>	Hand <input type="checkbox"/>
Rotary <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/>
Other (specify): _____	Other (specify): _____
Date Pump Installed: <u>7-13-07</u>	Brake Power Rating of Motor: _____
Screen Pump Capacity: <u>10</u> Gallons Per Minute	String Depth: <u>170</u> feet
	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-13-07</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>145</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): <u>148</u> Feet Below Land Surface	<u>Steel Tape</u>
Drawdown [(B)-(A)]: <u>3</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>15</u> Gallons Per Minute	For flowing well, measured static in hole: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>1.5</u> GPM with a drawdown of <u>3</u> feet after <u>4</u> hours of pumping

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

Form CLWR-SWF-1B