	- State V	Vell Report		
County: marshall	Part 1 -	For Office Use Only:		
	Mississippi Departme	nt of Environmental Quality	Aquifer: <u>6 28</u>	
Permit #: 6-162 Driller: Long Carpenter		and Water Resources	Well #:	
Driller: Lang Carpenter		Box 10631 MS 392 89-06 31		
Date drilling completed: 12-9-09)961-5210	L. S. Elevation:	
	(601)3	54-6938 (fax)	E-log #:	
State Law requires that this repo Department at the above addres				
Information on Well Owner		Well or Borehole Location		
(Landowner if borehole is not for a water well) Owner Name_Southers Horses Mailing Address: Bay 5/72		Latitude: 34 .55 . 42." Longitude 39 . 27 . 13 .		
			USGS quad, Hand-held GPS, Survey-grade GPS	
		Holly Springer 725. 38634 City State Zip Code		<u>5K 1/2 W 1/2 Sec 2</u>
Distance Direction Nearest Town 				
Telephone No. (662) 252 - 2	3497		or	
······································	Well / Bor	ehole Data		
Date drilling started: 12-9-09 Date d	hilling completed (2 9	1 & Holo dorthy / 50	Hole diameter:	
Location of the source of any surface wat Method of dosing and volume of Chlorin				
Logs run (circle all applicable). No log n Name of organization running log(s):			Other:	
Purpose of borehole (check one): Water V			Source Heat Pump	
Seismic If drilling is not relate	SurveyOther (<i>describ</i> d to water well construction	e) <u>on, skip the remainder of this bl</u>	ock	
Purpose of Well (check one): Home	Industrial Public Supp	yIrrigationFish Culture	Other:	
If a flowing well, method of flow regulati	ion: Valve	Other (describe)		
Static Water Level: feet a	bove of below)(circle one)	land surface Date measured:	12-9-59	
Method of Measurement (circle one)	steel tape electric tap	e air line other:		
Well depth: 150 Well grouted to a d				
Casing length: <u>/ 40</u> feet Cas				
Screen length: / U feet Scr	een diameter:	inches Type of screen:	pvc	
a	Setting depth: From	<u>/ 40</u> feet to <u>/</u>	50 feet	
Screen slot size: $c (0 /)$ inches				
Screen slot size: $\underline{c \ 0 \ / \ }$ inches Type of completion (circle all applicable)	: Gravel packed Unde	erreamed Telescoped Open	hole Natural Development	

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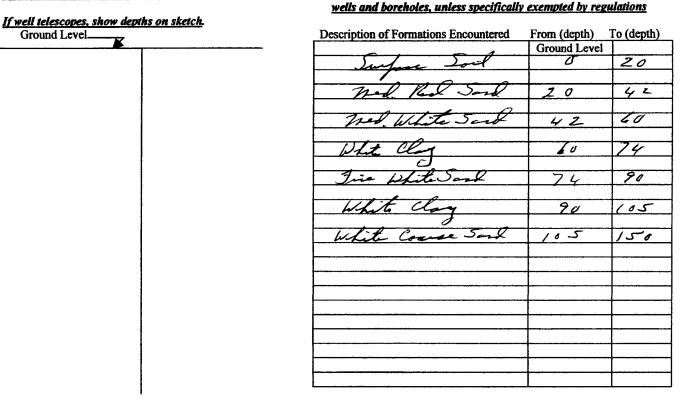
rm: OLV	VR:	-S۱	NR-1	Ą
rm: OLV	2			76 2 Oct

BA: OTME DEC 7 7 2003.

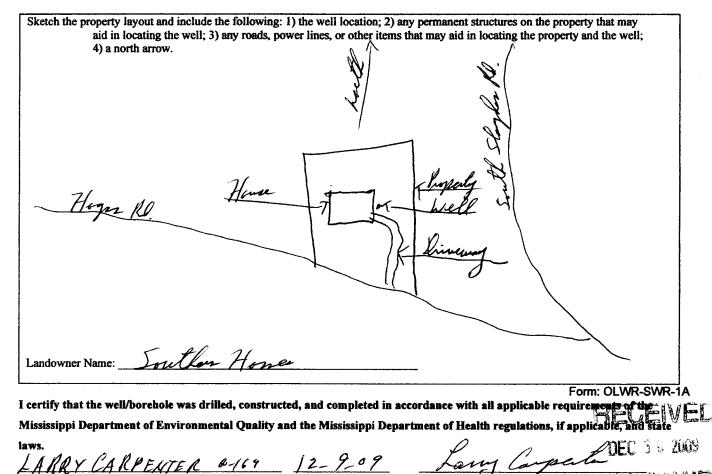
5128

Description of formations encountered must be provided for all

The sketch below only required for water wells



If more than one screen, show location of each on sketch



Date

LARRY CARPENTER @-169 12-9-09

Lang BY: OLWR Signature of Licensee

Print Name of Responsible Licensee and License No.

	STATE WI	ELL REPORT			
County: <u>Harshall</u> Permit #: 0-16 2 Driller: <u>Long Carpenta</u> Date completed: <u>12-909</u> <u>Copy information from block on Part 1</u> This part of the report must be completed by	P Pump Installer's Mississippi Departmen Office of Land s P.O. 1 Jackson, N (601) (601)35	art 2 s Completion Report at of Environmental Quality and Water Resources Box 10631 AS 39289-0631 1961-5210 4-6938 (fax)	For Office Use Only: Aquifer: 28 Well #:		
report must be attached and both parts file	d with the Department a	t the above address within 30 d	ays of well completion.		
Well Owner Informati		Well Location			
Owner Name: <u>Souther</u> Homes Mailing Address: <u>P. O. Bry 5172</u>		Latitude:	Longitude:		
		Method of Lat/Long (check one): Conventional Survey,			
		USGS quad, Hand-held	GPS, Survey-grade GPS		
Holly Sampe Ins. City State		<u></u>			
Pump Type Circle one			Power Type Circle one		
Air Lift Jet (Submersible	Diesel Engine Gasolin	e Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well		specify):		
Other (specify):		Horse Power Rating of Motor:			
Date Pump Installed: $12 - 9 - 09$		Setting Depth: 120 feet			
Rated Pump Capacity: / 2	Gallons Per Minute	Number of Stages:/ /			
Pump Test Data	¢		asuring Water Level rcle one		
Date Well Tested: $2 - 9 - 6$ Static Water Level (A): 60 Feet F Pumping Water Level (B): 65 Feet B	Below Land Surface	Air Line Electric Meas Other (specify):			
Drawdown [(B) - (A)]: Feet B	Below Land Surface	For flowing well, measured sh	ut in head:feet		
Test Pumping Rate:(5(Gallons Per Minute	Well yielded 15			
Duration of Pump Test (minimum 4 hours):	<u> </u>	feet after hours of pumping			
I HEREBY CERTIFY that the above statemed $\frac{\angle A R R Y \ CA R P F M + E R}{Print Name of Pump Installer and License No.$	0-162	f my knowledge.			
			BK. OTW		

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