

# 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 #: 6146  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Marshall  
Permit #: 0-162  
Driller: Larry Carpenter  
Date drilling completed: 10-27-17

*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.*

<p style="text-align: center;"><b>Well Owner Information</b> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Criss Stalls</u> Mailing Address: <u>218 Autumn oak Dr.</u> <u>Lomax</u> <u>ms</u> <u>38643</u> City State Zip Code Telephone No. <u>(901) 347-4180</u></p>	<p style="text-align: center;"><b>Well or Borehole Location</b></p> <p>Latitude: <u>36° 53.996'</u> Longitude: <u>89° 26.409'</u> <u>34-54-00</u> <u>89-26-24</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ <u>NW 1/4 NW 1/4, Sec 19<sup>20</sup> T 25<sup>V</sup> R 2W</u> <u>3 1/2</u> Miles <u>S</u> of <u>Skyden</u> (Distance) (Direction) (Nearest Town)</p>
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**Well / Borehole Data**

Date drilling started: 10-27-17 Date drilling completed: 10-27-17 Hole depth: 160' 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 Pt. 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 (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: 110 feet [above or  below] land surface Date measured: 10-27-17  
(circle one)  
Method of measurement (circle one):  Steel tape Electric tape Air line Other (describe): \_\_\_\_\_  
Well depth: 160' Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement Bentonite Mix  
Casing length: 150 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 150 feet to 160 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)

**For Office Use Only:**

Well #: G146  
 Aquifer: \_\_\_\_\_

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date completed: 10-27-17  
 Copy information from block on Part 1

*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.*

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 NOV 2 2017  
 OLWR

<b>Well Owner Information</b>		<b>3A-5A-00 Well Location</b>	
Owner Name: <u>Criss Stalls</u>		Latitude: <u>36°53'96"</u>	Longitude: <u>89°26'409"</u>
Mailing Address: <u>218 Autumn oak Dr.</u>		Method of Lat/Long (check one): Conventional Survey _____	
City: <u>Lamar</u> State: <u>MS</u> Zip Code: <u>38642</u>		USGS quad _____, Hand-held GPS: <input checked="" type="checkbox"/> Survey-grade GPS: _____	
Telephone No. (901) <u>347-4180</u>		NW 1/4 NW 1/4, Sec <u>19-20-25</u> R <u>2W</u>	
		<u>3 1/2</u> Miles <u>S</u> of <u>Slayden</u>	
		(Distance) (Direction) (Nearest Town)	

**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 10-27-17 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 3/4 Setting Depth: 130 feet Number of Stages: 9

**Pump Test Data for Non Flowing Well**

Date Well Tested: 10-27-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 110 Feet Below Land Surface Pumping Water Level (B): 115 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 15 Gallons Per Minute

Method of measurement (circle one):  Steel tape  Electric tape  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: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one):  New  Repaired  Replacement

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

Larry Carpenter #0162 10-29-17 Larry Carpenter  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

