

# State Well Report

## Part 1

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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: H-204  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Marshall  
Permit #: 0-162  
Driller: Larry Carpenter  
Date drilling completed: 4-27-05

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Anderson Hanna</u>	Latitude: <u>34° 49' 27"</u> Longitude: <u>89° 41' 01"</u>
Mailing Address: <u>115 East Van Don ave</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Holly Springs</u> <u>Ms.</u> <u>38639</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE</u> ¼ <u>NW</u> ¼ Sec. <u>13</u> Twn <u>T35</u> Rng <u>5W</u>
Telephone No. <u>(662) 252-3500</u>	Distance <u>1 1/2</u> Miles Direction <u>South</u> of Nearest Town <u>Byholby Ms</u>

### Well Data

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

Date well drilling started: 4-27-05 Date well drilling completed: 4-27-05

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 4-28-05

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

Hole depth: 110 Ft Well depth: 110 Ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

LARRY CARPENTER 0-162

Larry Carpenter

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: H-204

Elevation: \_\_\_\_\_

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date completed: 4-28-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Anderson Homan</u> Mailing Address: <u>115 East Van Hook ave.</u>  <u>Holly Springs</u> <u>NC</u> <u>27839</u> City State Zip Code Telephone No. <u>(660) 252-3500</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>35</u> Rng <u>5W</u> Distance Direction Nearest Town <u>1 1/2</u> Miles <u>South</u> of <u>Ryhaloa</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>4-28-05</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>80</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-28-05</u> Static Water Level (A): <u>50</u> Feet Below Land Surface Pumping Water Level (B): <u>56</u> Feet Below Land Surface Drawdown ((B)-(A)): <u>6</u> Feet Below Land Surface Test Pumping Rate: <u>16</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> <u>Steel Tape</u> Other (specify): _____ For flowing well, measured slant in head: _____ feet Well yielded <u>16</u> GPM with a drawdown of <u>6</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-0162  
 Print Name of Pump Installer and License No. (if applicable)

Larry Carpenter  
 Signature of Pump Installer

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MAY 12 2005  
 BY: OLWR