County:marshall
Permit #: <u>0 - 16 8</u>
Driller: Larry Carpenter
Date drilling completed: 4-30-15

Top of lap pipe or reduction in casing: ____

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

ckson, MS 39225-230 (601)961-5210 (601)360-0535 (fax)

For Office Use Only:
Well #: H390
Aquifer:
E-Ļog #:

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) Owner Name: Method of Lat/Long (check one): Conventional Survey Mailing Address: USGS quad _____, Hand-held GPS__X_, Survey-grade GPS City State Zip Code (Distance) (Nearest Town) Well / Borehole Data Date drilling started: 4-36-15 Date drilling completed: 4-36-15 Hole depth: 85° Hole diameter: 8° Location of the source of any surface water used for drilling: Well Woles Method of dosing and volume of Chlorine used in drilling and development: 1/2 Rd. Chlorine to 1000 Hd. Water Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:_ Name of organization running log(s): Geotechnical/Geological Investigation Ground Source Heat Pump Purpose of borehole (circle one): (Water Well) 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** Fish Culture Irrigation Other (describe):_ If a flowing well, method of flow regulation: Valve _____ Other (describe) _ Static Water Level: 20 feet [above or (below)] land surface Date measured: 4_36_15 (circle one) Method of measurement (circle one): Steel tape | Electric tape | Air line | Other (describe): Well depth: 85" Well grouted to a depth of: 10 feet Type of grout (circle one) Neat Cement Bentonite Mix Casing length: 75 feet Casing diameter: _____inches Type of casing: _ Screen diameter: _____4 inches Screen length: / / feet Type of screen: Screen slot size: . 6/3 inches Setting depth: From ____ Type of completion (circle all applicable): Gravel packed) Open hole Natural Development Underreamed Other (describe):_

If telescoped or more than one screen, describe on next page

form: OLVBWR-141131/R

STATE WELL, REPORT

Permit #: 0-162 Driller: Larry Carpenter Date completed: 4-30-15 Copy information from block on Part 1.

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

For Office Use Only:
Well #:. 4390
Aquifer:

(601) 360-0535 (fax) 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 34-54-6Well Location 89-44-32 Owner Name: Latitude: 34 44,677 Longitude: 89 Method of Lat/Long (check one): Conventional Survey____ USGS quad_____, Hand-held GPS______, Survey-grade GPS_____ (Distance) (Direction) (Nearest Town) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Date Pump Installed: 4-36-15 Rated Pump Capacity: / O 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: __ Setting Depth: ___ 60 feet Number of Stages: Pump Test Data for Non Flowing Well Date Well Tested: 4-36-15 Duration of Pump Test (minimum 4 hours): ______ hours Static Water Level (A): <u>20</u> Feet Below Land Surface Pumping Water Level (B): <u>30</u> Feet Below Land Surface Drawdown [(B) - (A)]: ______ Feet Below Land Surface Test Pumping Rate: ______ 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. __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.

1		
	I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
I	line of the state	RECEIVED
I	Warry Carpenter #0-162 436-15 Lary Can	serter
L	Print Name of Pump Installer and License No. (if applicable) Date Signature of Pu	mp Installer MAY 2 8 2015

Form: OLWR-SWR-1B (4/13)

BY: OLWR

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	name of Responsible Licensee and License No.	Date Signature		

For Office Use Only:

County: Marsha