

# 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)961-5210  
(601)354-6938 (fax)

### For Office Use Only:

Aquifer: J318  
Well #: #318  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Marshall  
Permit #: 0-162  
Driller: Larry Carpenter  
Date drilling completed: 10-31-07

**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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location  |
|--|--|
| Owner Name: <u>Bonnie Wolfe</u>  | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>P.O. Box 92</u>  | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Byhalia</u> City <u>Ms.</u> State <u>38611</u> Zip Code                   | USGS quad, Hand-held GPS, Survey-grade GPS <u>4W</u>   |
| Telephone No. <u>(662) 838 2787</u>  | _____ 1/4 _____ 1/4 Sec <u>18</u> Twn <u>35</u> Rng <u>SW</u>                                    |
|  | Distance _____ Miles _____ Direction <u>East</u> of _____ Nearest Town <u>Warsaw</u>             |

**Well / Borehole Data**

Date drilling started: 10-31-07 Date drilling completed: 10-31-07 Hole depth: 100' 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 Pd. 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 (check 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 (check one): Home  Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 10-31-07

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

Well depth: 100' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90 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 90 feet to 100 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 next page***

Form: OLWR-SWR-1A

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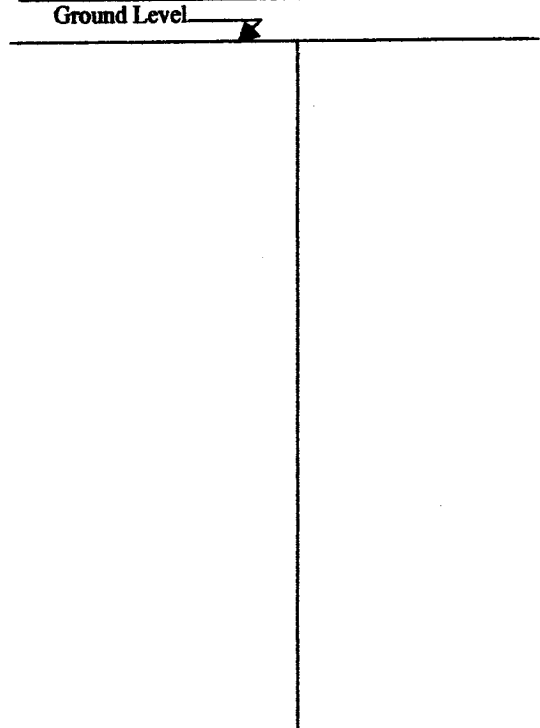
BY: OLWR

J318  
H318

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

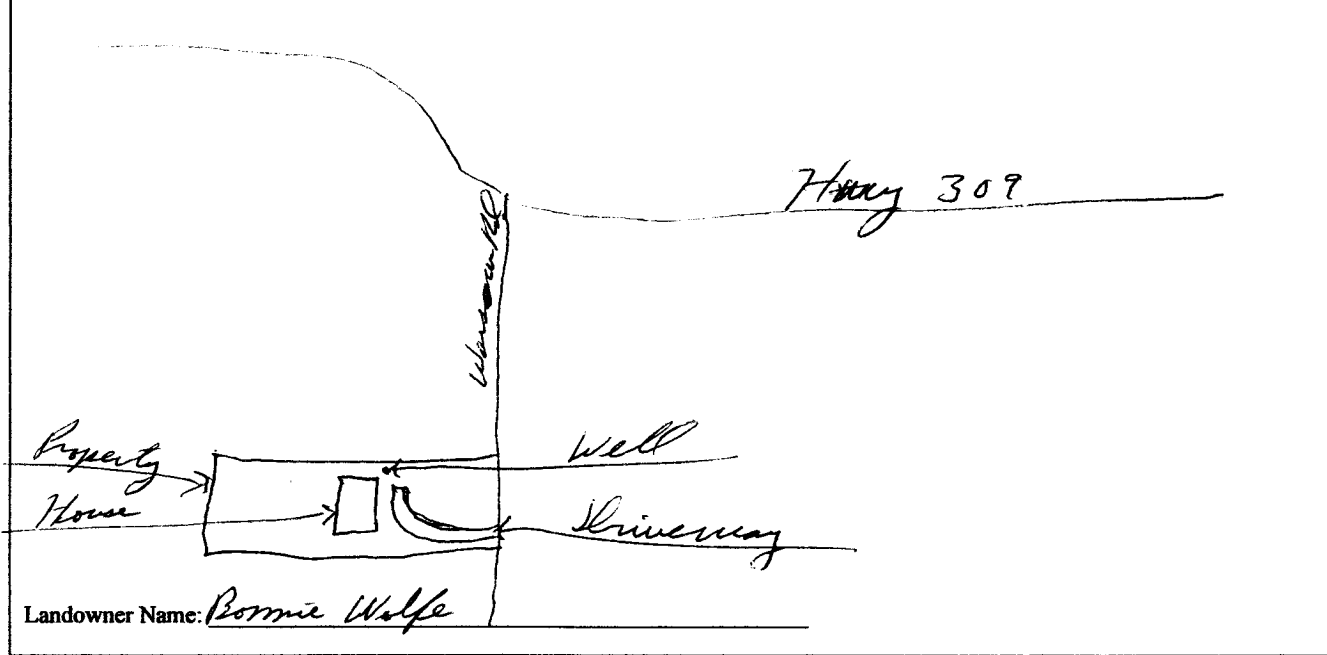
If well telescopes, show depths on sketch.



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Surface Soil                          | 0            | 20         |
| Med. Red Soil                         | 20           | 35         |
| Fine White Soil                       | 35           | 70         |
| White Clay                            | 70           | 75         |
| White Coarse Soil                     | 75           | 100        |
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Form: OLWR-SWR-1A

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

LARRY CARPENTER 0-162 10-31-07

Larry Carpenter RECEIVED

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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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)961-5210  
 (601)354-6938 (fax)

**For Office Use Only:**

Aquifer: J318  
 Well #: ~~H-318~~  
 Elevation: \_\_\_\_\_

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date completed: 10-31-07  
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.*

| Well Owner Information                 | Well Location  |
|--|--|
| Owner Name: <u>Bonnie Wolfe</u>        | Latitude: _____ Longitude: _____                             |
| Mailing Address: <u>P.O. Box 92</u>    | Method of Lat/Long (check one): Conventional Survey _____    |
| <u>Byhalia</u> <u>Ms.</u> <u>38611</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code                    | <u>1/4</u> <u>1/4</u> Sec <u>18</u> T <u>35</u> R <u>R5W</u> |
| Telephone No. <u>(662) 838-2787</u>    | Distance Direction Nearest Town                              |
|  | <u>1</u> Miles <u>East</u> of <u>Warsaw</u>                  |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas   |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/>                      | <input checked="" type="radio"/> <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>            | Windmill Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>3/4</u>   |
| Date Pump Installed: <u>10-31-07</u>   | Setting Depth: <u>90</u> feet   |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute                                      | Number of Stages: <u>11</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one                                       |
|--|---|
| Date Well Tested: <u>10-31-07</u>                          | Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u> |
| Static Water Level (A): <u>70</u> Feet Below Land Surface  | Other (specify): _____  |
| Pumping Water Level (B): <u>78</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                                 |
| Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface     | Well yielded <u>17</u> GPM with a drawdown of                                       |
| Test Pumping Rate: <u>17</u> Gallons Per Minute            | <u>8</u> feet after <u>4</u> hours of pumping                                       |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours    |   |

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

LARRY CARPENTER 0-162  
 Print Name of Pump Installer and License No. (if applicable)

Larry Carpenter  
 Signature of Pump Installer

BY: OLWB  
 Form: OLWR-SWR-1B