

410

# 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 #: J 363  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Marshall  
 Permit #: 0-163  
 Driller: Larry Carpenter  
 Date drilling completed: 6-7-19

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Brandon Scruggs</u>	Latitude: <u>34° 83' 11.62"</u> Longitude: <u>89° 654' 16.9"</u>
Mailing Address: <u>1073 St Paul Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Byhalia</u> MS <u>38611</u>	<u>SE</u> ¼ <u>SE</u> ¼, Sec. <u>18</u> T <u>35</u> R <u>5W</u> <u>4W</u>
City State Zip Code	<u>2</u> Miles <u>W</u> of <u>Victoria</u>
Telephone No. <u>(901) 299 9824</u>	(Distance) (Direction) (Nearest Town)

#### Well / Borehole Data

Date drilling started: 6-7-19 Date drilling completed: 6-7-19 Hole depth: 145 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: 2 Ppd Chlorine to 100 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: 75 feet [above or  below] land surface Date measured: 6-7-19  
(circle one)  
 Method of measurement (circle one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_  
 Well depth: 145 Well grouted to a depth of: 10 feet Type of grout (circle one)  Neat Cement  Bentonite  Mix  
 Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 15 feet Screen diameter: 4 inches Type of screen: PVC  
 Screen slot size: .013 inches Setting depth: From 130 feet to 145 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

RECEIVED  
JUN 24 2019  
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 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

#### For Office Use Only:

Well #: J363  
Aquifer: \_\_\_\_\_

County: Marshall  
Permit #: 0-162  
Driller: Larry Carpenter  
Date completed: 6-7-19  
*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>Brandon Scroggs</u>	Latitude: <u>34° 83' 11.62"</u> Longitude: <u>89° 654' 169"</u>
Mailing Address: <u>1073 St Paul</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Byhalis</u> <u>ms</u> <u>38611</u>	_____ 1/4 _____ 1/4, Sec. <u>18</u> T. <u>35</u> R. <u>5W</u>
City State Zip Code	<u>2</u> Miles <u>W</u> of <u>Victoria</u>
Telephone No. <u>(901) 299 9824</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 6-7-19 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: \_\_\_\_\_ Setting Depth: \_\_\_\_\_ feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 6-7-19 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 75 Feet Below Land Surface Pumping Water Level (B): 80 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 80 10 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 0-162 6-7-19 Larry Carpenter

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED  
JUN 24 2019  
BY OLWR

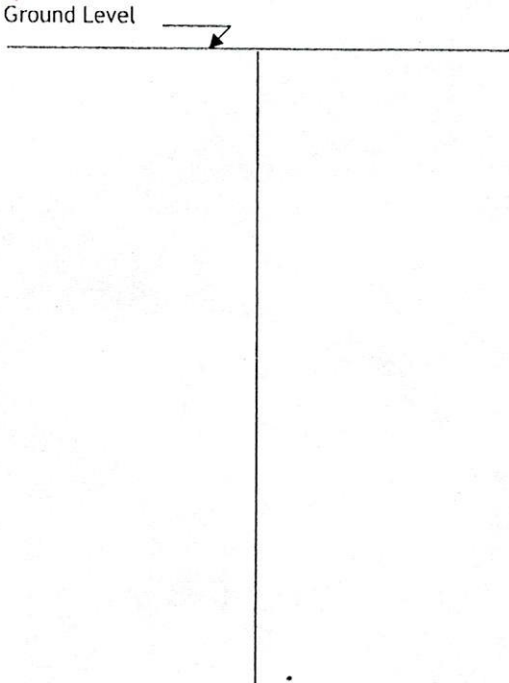
County: Marshall  
 Permit #: 0-162

**For Office Use Only:**  
 Well #: J363

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.

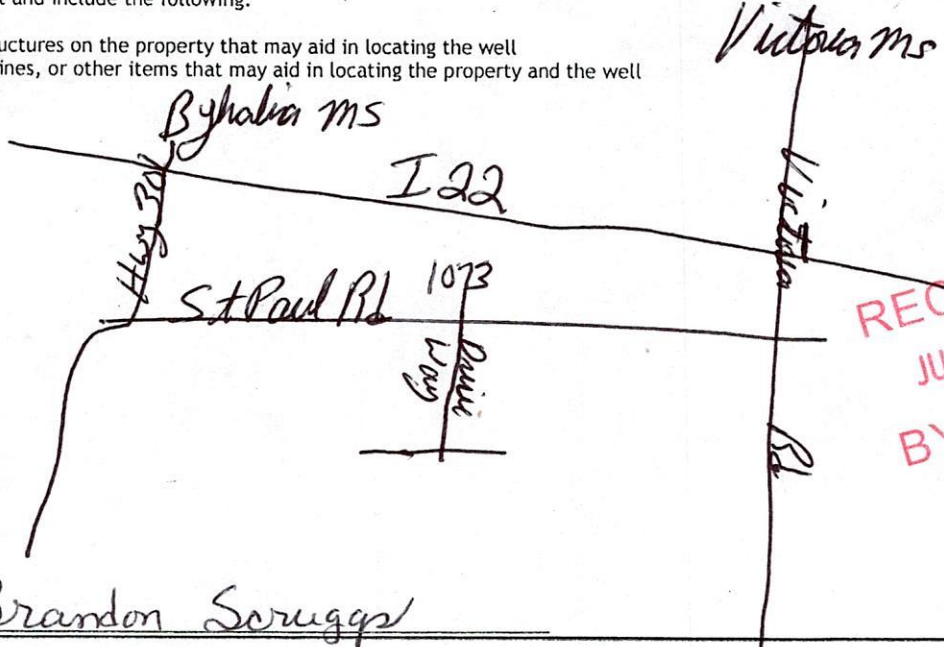


Description of Formations Encountered	From (depth)	To (depth)
Surface	0-	24
Red Sand	24	42
Clay	42	70
Fine Sand	70	102
Med Sand	102	120
Course Sand	120	145

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) north arrow



RECEIVED  
 JUN 24 2019  
 BY OLWR

Landowner Name: Brandon Scruggs

I HEREBY 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 0-16267-19 Larry Carpenter  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee