

476

STATE WELL REPORT

Part I

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 #: K 111
Aquifer: _____
E-Log #: _____

County: Marshall
Permit #: 0162
Driller: Harry Carpenter
Date drilling completed: 10-28-19

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Fred Carlisle</u>	Latitude: <u>34° 838' 716"</u> Longitude: <u>89° 480' 082"</u>
Mailing Address: <u>2959 Hwy 311</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Holly Springs MS 38635</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE</u> ¼ <u>NE</u> ¼, Sec <u>11</u> T <u>3S</u> R <u>3W</u>
Telephone No. (<u>662</u>) <u>291 1810</u>	<u>5</u> Miles <u>N</u> of <u>Holly Springs MS</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>10-28-19</u>	Date drilling completed: <u>10-28-19</u> Hole depth: <u>165</u> Hole diameter: <u>8</u>
Location of the source of any surface water used for drilling: <u>Well Water</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1/2 Pt Chlorine 1000 gal water</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one) <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>82</u> feet [above or below] land surface Date measured: <u>10-29-19</u>	
(circle one)	
Method of measurement (circle one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>165</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>145</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.013</u> inches Setting depth: From <u>145</u> feet to <u>165</u> feet	
Type of completion (circle all applicable) <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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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 #: K 111
 Aquifer: _____

County: Marshall
 Permit #: 0163
 Driller: Larry Carpenter
 Date completed: 10-28-19
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>Tred Carlisle</u>	Latitude: <u>34° 838 716</u> Longitude: <u>89° 480 083</u>
Mailing Address: <u>2959 Hwy 311</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Holly Springs</u> MS <u>38635</u>	<u>SE</u> ¼ <u>NE</u> ¼, Sec <u>11</u> T <u>35</u> R <u>3W</u>
City State Zip Code	<u>5</u> Miles <u>N</u> of <u>Holly Springs</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 10-28-19 Rated Pump Capacity: 2.5 gpd 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: 1 1/2 Setting Depth: 120 feet Number of Stages: 12

Pump Test Data for Non Flowing Well

Date Well Tested: 10-29-19 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 82 Feet Below Land Surface Pumping Water Level (B): 90 Feet Below Land Surface

Drawdown [(B) - (A)]: 8 Feet Below Land Surface Test Pumping Rate: 25 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

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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 # 0163 11-26-19 Larry Carpenter
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

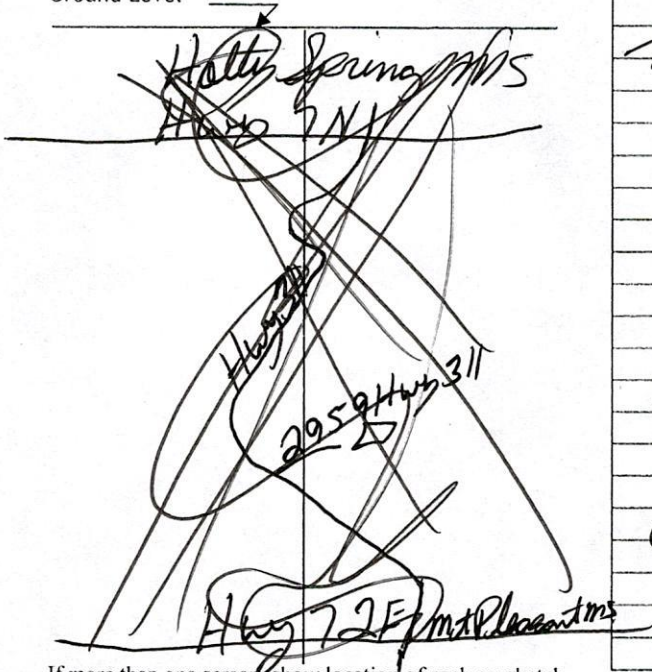
County: Marshall
 Permit #: 0162

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



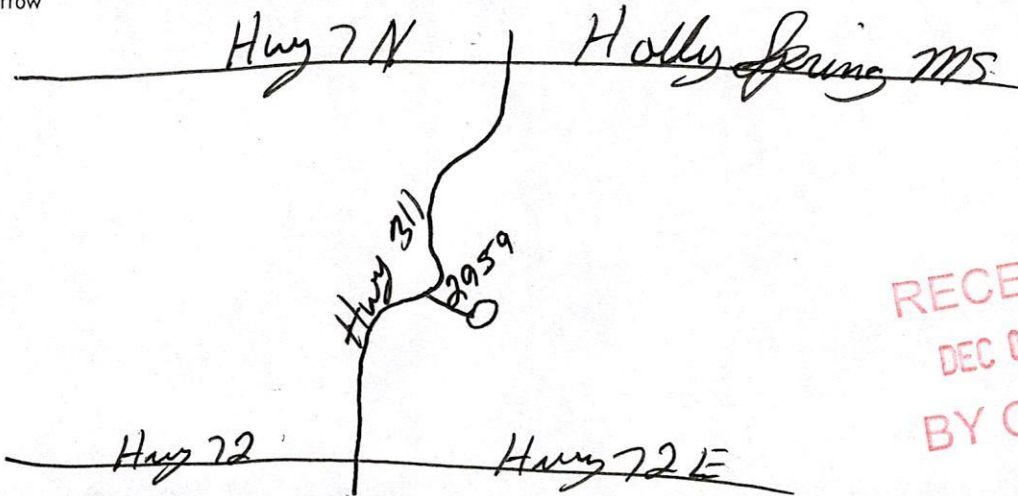
If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth) Ground level	To (depth)
Top Surface Soil	0	20
Red Sand	20	38
Clay	38	62
Fine White Sand	62	80
Medium White Sand	80	122
Course White Sand	122	165

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



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Landowner Name: Fred Carlisle

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 #0162 / 11-20-19 / Larry Carpenter
 Print Name of Responsible Licensee and License No. Date Signature of Licensee