

550

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date drilling completed: 12-29-11

**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: \_\_\_\_\_  
 Well #: L 6-2  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Chad Pope</u>	Latitude: <u>34° 54' 31"</u> Longitude: <u>89° 41' 63"</u>
Mailing Address: <u>385 Plains Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Holly Springs, MS 38635</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 SW 1/4 Sec 2 Twn 25 Rng 2W</u> OK
Telephone No. <u>(901) 383 6419</u>	Distance: <u>1</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Hudsonville</u>

loc. quest.

**Well / Borehole Data**

Date drilling started: 12-27-11 Date drilling completed: 12-29-11 Hole depth: 90' 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 P.P. 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: 45 feet above or (below) (circle one) land surface Date measured: 12-29-11

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

Well depth: 90' Well grouted to a depth of 10 feet Type of grout (circle one) (Neat Cement) Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

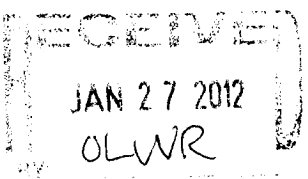
Screen slot size: .013 inches Setting depth: From 80 feet to 90 feet

Type of completion (circle all applicable): (Gravel packed) Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of tap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A



# 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)

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date completed: 12-29-2011  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 162  
 Elevation: \_\_\_\_\_

*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>Chad Pope</u>	Latitude: <u>34° 54' 31" N</u> Longitude: <u>89° 41' 6.2" W</u> <small>50-51 23-00</small>
Mailing Address: <u>285 Plains Rd</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 1/4 SW 1/4 Sec 2 T 25 R 2W</u>
Telephone No. <u>(901) 283 6419</u>	Distance Direction Nearest Town <u>1 Miles SW of Hudsonville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>12-29-11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-29-11</u>	Air Line Electric Measuring Line <b>Steel Tape</b> <input checked="" type="checkbox"/>
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>53</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	

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

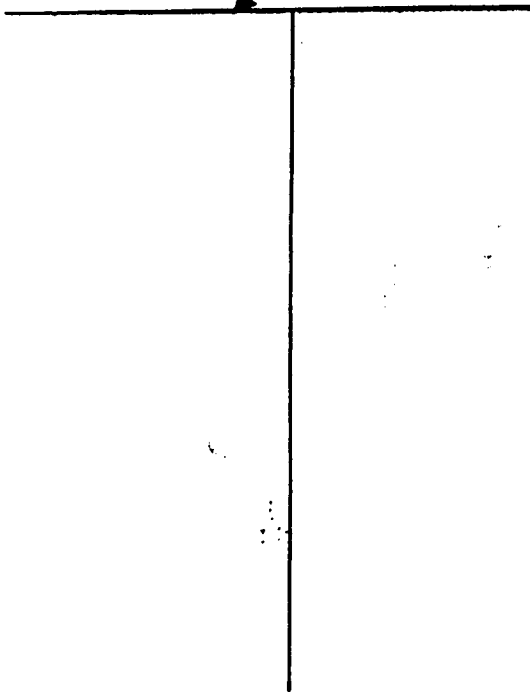
Larry Carpenter #0-162 Larry Carpenter  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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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

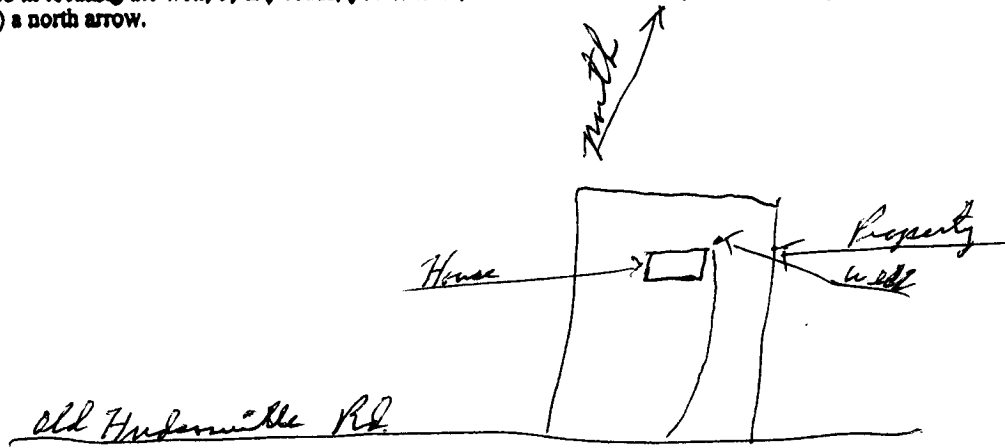
If well telescopes, show depths on sketch  
Ground Level



Description of Formations Encountered	From (depth) Ground Level	To (depth)
Surface Soil	0	15
Med. Red Sand	15	32
Med. White Sand	32	40
White Clay	40	45
White Loose Sand	45	90

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.



Landowner Name: Chad Pope

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.

Print Name of Responsible Licensee and License No. Larry Carpenter #0-162 Date 12-29-11

Signature of Licensee Larry Carpenter

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