

State Well Report

Part 1

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 093
Permit #: 0-162
Driller: Larry Carpenter
Date drilling completed: 3-11-05

For Office Use Only:
Aquifer: _____
Well #: Ø 47
L. S. Elevation: _____
E-log #: _____

Carpenter Well Company

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Trip Taylor</u>	Latitude: <u>34° 41' 58"</u> Longitude: <u>89° 30' 41"</u>
Mailing Address: <u>1890 Hwy 4 West</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Holly Springs Ms 38635</u> City State Zip Code	<u>NE ¼ NE ¼ Sec 33 Twn 45 Rng 3W</u>
Telephone No. <u>(662) 252-4217</u>	Distance Direction Nearest Town <u>5 Miles S.W. of Holly Springs</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 3-11-05 Date well drilling completed: 3-11-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 3-11-05

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

Hole depth: 165 ft Well depth: 165 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 155 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 155 feet to 165 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

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

LARRY CARPENTER 0-162 Larry Carpenter

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: 047
 Elevation: _____

County: Marshall
 Permit #: 0-162
 Driller: Larry Carpenter
 Date completed: 3-11-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Trish Taylor</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1870 Hwy 4 West</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Holly Springs</u> <u>MS</u> <u>38655</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>33</u> Twn <u>45</u> Rng <u>3W</u>
Telephone No. <u>(662) 252-4217</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>S.W.</u> of <u>Holly Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>3-11-05</u>	Setting Depth: <u>120</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>3-11-05</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>106</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>6</u> Feet Below Land Surface	Well yielded <u>16</u> GPM with a drawdown of
Test Pumping Rate: <u>16</u> Gallons Per Minute	<u>6</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>.5</u> hours	

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

LARRY CARPENTER 0162 Larry Carpenter
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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