

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)

County: Marshall
 Permit #: 0-162
 Driller: Larry Carpenter
 Date drilling completed: 8-24-10

For Office Use Only:

Aquifer: RGT
 Well #: 569
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Scott Robinson</u>	Latitude: <u>34° 38' 27"</u> Longitude: <u>89° 28' 22"</u>
Mailing Address: <u>350 Cedar Hill Rd</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 1/4 NE 1/4 Sec 24 Twn 55 Rng 4W</u> <u>3N</u>
Telephone No. <u>(662) 252-2104</u>	Distance Direction Nearest Town <u>1</u> Miles <u>S.W.</u> of <u>Waterford, Ms.</u>

Well / Borehole Data

Date drilling started: 8-24-10 Date drilling completed: 8-24-10 Hole depth: 140' 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: 60 feet above or below (circle one) land surface Date measured: 8-24-10

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

Well depth: 140' 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: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 130 feet to 140 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**

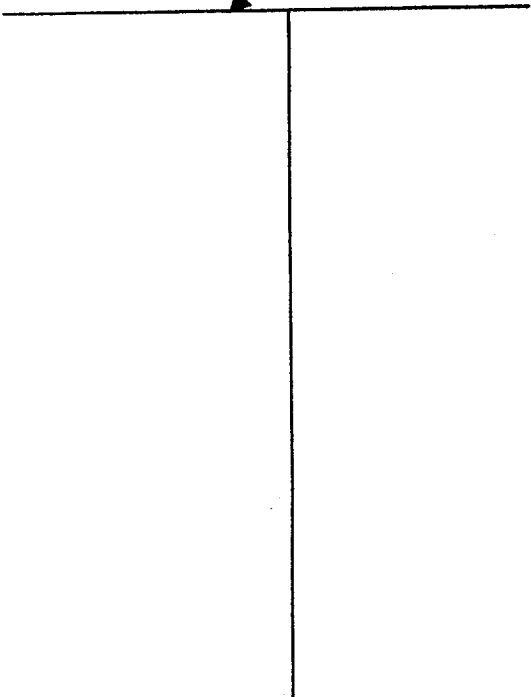
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R261 569

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

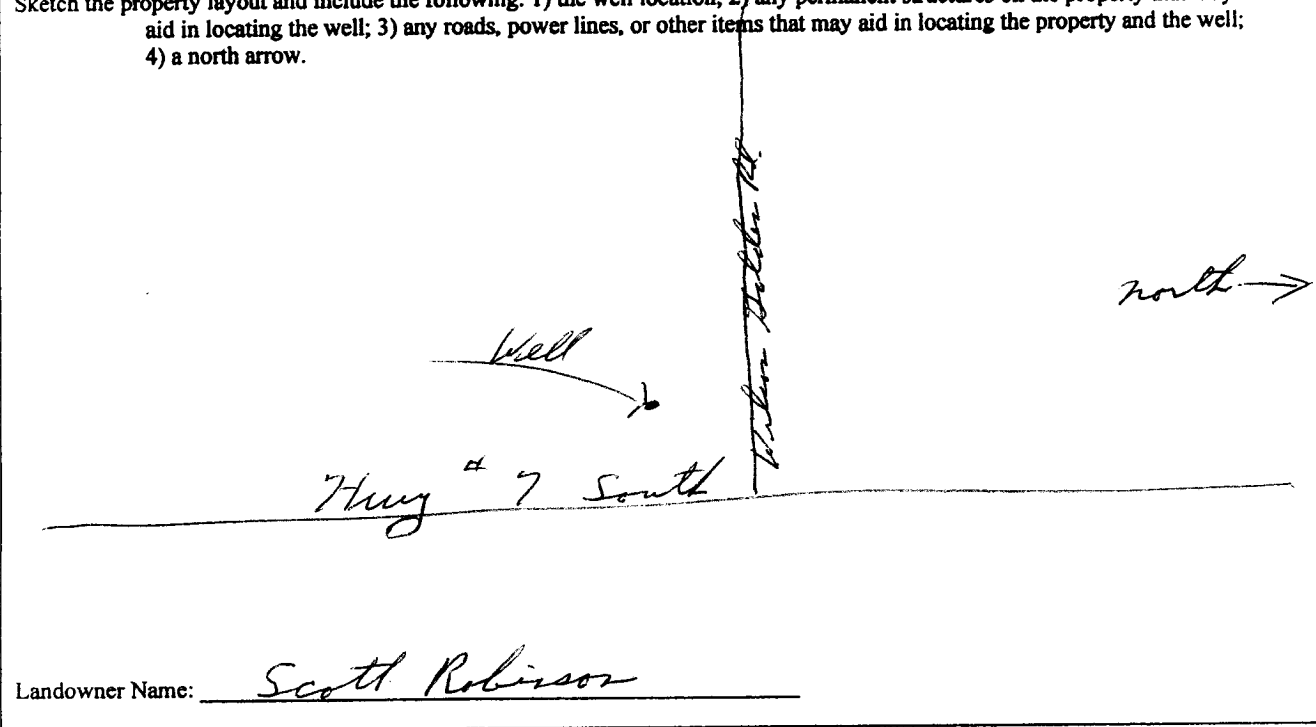
If well telescopes, show depths on sketch.
 Ground Level _____



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Surface Soil	0	20
med. Red Sand	20	42
med. White Sand	42	80
White Clay	80	95
White coarse Sand	95	140

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: Scott Robinson

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 8-30-10 Larry Carpenter
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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)

County: Marshall
 Permit #: 0-163
 Driller: Larry Carpenter
 Date completed: 8-24-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: R/GH
 Well #: 569
 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>Scott Robinson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>350 Cedar Hill Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Holly Springs MS 38635</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>24</u> T <u>55</u> R <u>4W</u>
Telephone No. <u>662 252-2104</u>	Distance _____ Direction _____ Nearest Town <u>3W</u>
	<u>1</u> Miles <u>S.W.</u> of <u>Waterford, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>8-24-10</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-24-10</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>67</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of
Test Pumping Rate: <u>25</u> Gallons Per Minute	<u>7</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 0-163 Larry Carpenter
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: QW-SW **RECEIVED**
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