

# 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 #: T44  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Marshall  
Permit #: 0-162  
Driller: Larry Carpenter  
Date drilling completed: 8-12-14

*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>Dustin Miner</u>	Latitude: <u>34° 40' 52.8"</u> Longitude: <u>89° 21' 34.3"</u> <small>34-38-56 89-25-50</small>
Mailing Address: <u>1524 Potts Camp Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Waterford</u> <u>MS</u> <u>38685</u>	<u>SW 1/4 NE 1/4, Sec 17 T55 R2W</u>
City State Zip Code	<u>2</u> Miles <u>East</u> of <u>Waterford</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(662) 252-7271</u>	

#### Well / Borehole Data

Date drilling started: 8-12-14 Date drilling completed: 8-12-14 Hole depth: 155' 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 Ppt 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 (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: 120 feet [above or  below] land surface Date measured: 8-12-14  
(circle one)  
Method of measurement (circle one):  Steel tape  Electric tape  Air line Other (describe): \_\_\_\_\_  
Well depth: 155' Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement  Bentonite Mix  
Casing length: 145 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 145 feet to 155 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*

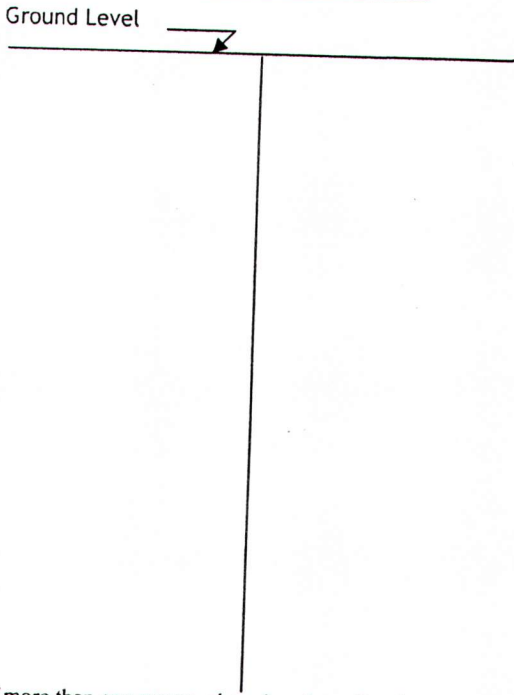
SEP 04 2014

County: Marshall  
 Permit #: 0-162

**For Office Use Only:**  
 Well #: T44

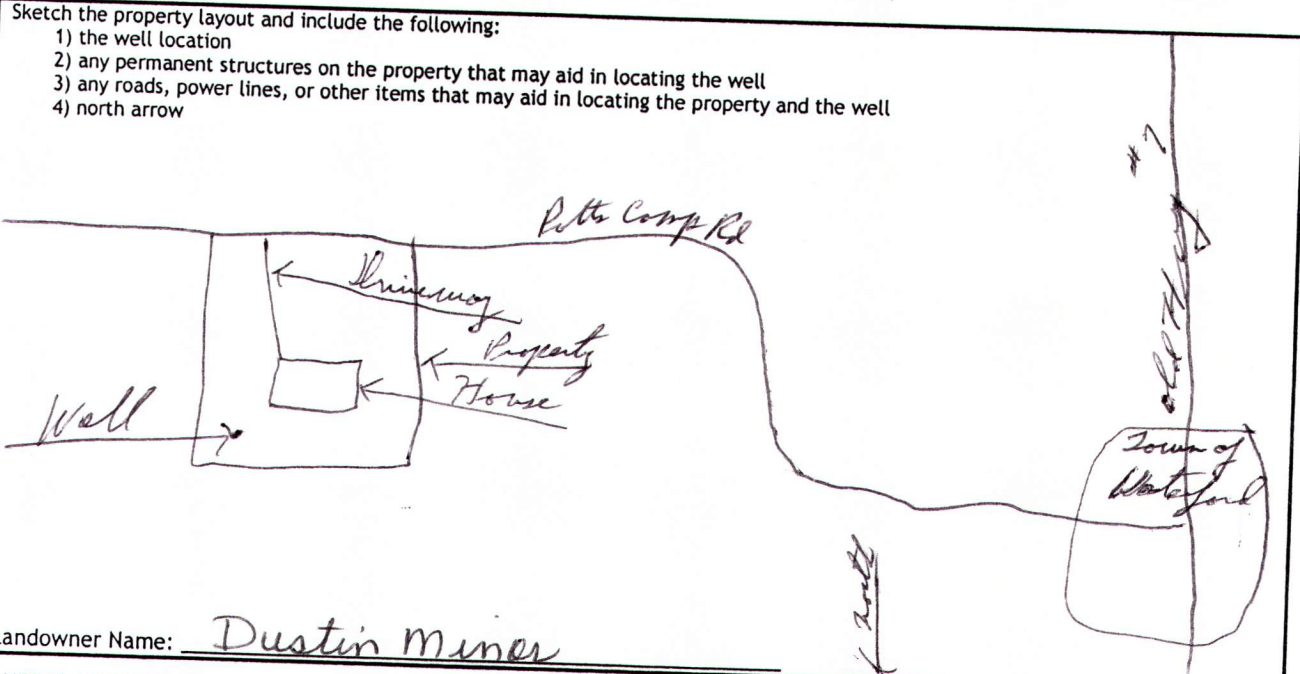
The sketch below only required for water wells  
If well telescopes, show depths on sketch.

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



Description of Formations Encountered	From (depth)	To (depth)
Surface Soil	Ground level	18
Med. Red Sand	18	40
Med. White Sand	40	74
White clay -	74	85
Fine White Sand	85	100
White clay	100	115
White Coarse Sand	115	155

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



Landowner Name: Dustin Miner

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 #0-162 8-14-14 Larry Carpenter  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

RECEIVED  
 SEP 04 2014  
 BY: OLWR

# STATE WELL REPORT

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date completed: 8-12-14  
Copy information from block on Part 1

**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 #: T 44  
 Aquifer: \_\_\_\_\_

*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>Dustin Miner</u>	Latitude: <u>34° 40' 52" N</u> Longitude: <u>89° 21' 34" W</u>
Mailing Address: <u>1524 Potts Camp Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Waterford</u> State: <u>MS</u> Zip Code: <u>38685</u>	<u>SW</u> ¼ <u>NE</u> ¼, Sec. <u>17</u> T. <u>55</u> R. <u>2W</u>
Telephone No. <u>(662) 252-7271</u>	<u>2</u> Miles <u>East</u> of <u>Waterford</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 8-12-14 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: 3/4 Setting Depth: 140 feet Number of Stages: 11

**Pump Test Data for Non Flowing Well**

Date Well Tested: 8-12-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 120 Feet Below Land Surface Pumping Water Level (B): 127 Feet Below Land Surface

Drawdown [(B) - (A)]: 7 Feet Below Land Surface Test Pumping Rate: 15 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 8-14-14 Larry Carpenter  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

