

# 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 #: T45  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Marshall  
Permit #: 0-162  
Driller: Larry Carpenter  
Date drilling completed: 8-16-14

*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>Jason Floyd</u>	Latitude: <del>34° 56' 48"</del> Longitude: <del>89° 32' 04"</del> <u>34-40-31</u> <u>89-21-51</u>
Mailing Address: <u>387 CCC Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Potts Camp</u> <u>MS</u> <u>38659</u> City                      State                      Zip Code	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>1</u> T <u>5S</u> R <u>2W</u>
Telephone No. <u>(663) 544-6329</u>	<u>3</u> Miles <u>West</u> of <u>Potts Camp</u> (Distance)                      (Direction)                      (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8-16-14</u> Date drilling completed: <u>8-16-14</u> Hole depth: <u>74'</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 lb. Chlorine to 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    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 <input type="checkbox"/> Seismic Survey    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>54</u> feet [above or <input checked="" type="checkbox"/> below] land surface    Date measured: <u>8-16-14</u> <small>(circle one)</small>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line    Other (describe): _____
Well depth: <u>74'</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>54</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>54</u> feet to <u>74</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

*If telescoped or more than one screen, describe on next page*

RECEIVED

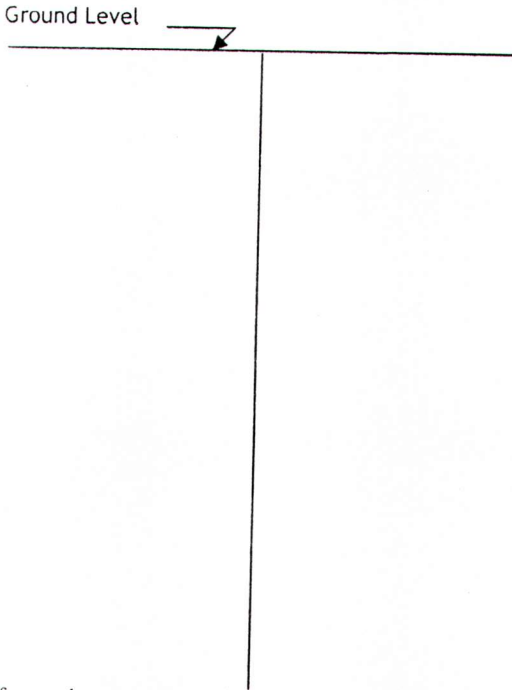
SEP 04 2014

OLWR

County: Marshall  
 Permit #: 0-162

**For Office Use Only:**  
 Well #: T45

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

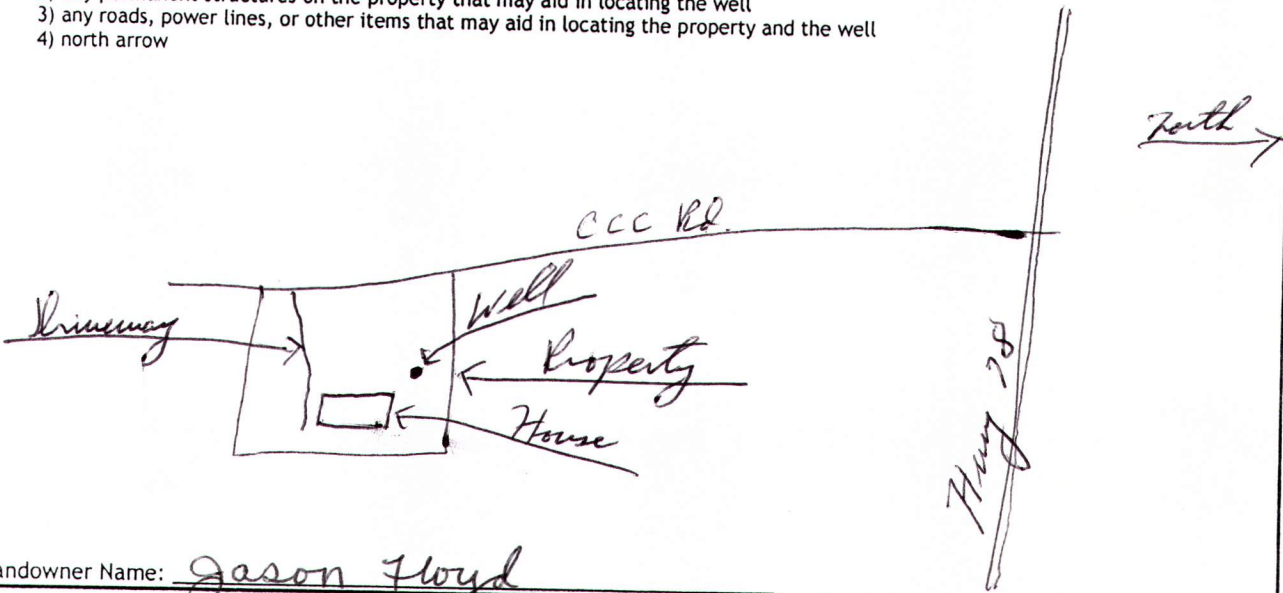


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
Surface Soil	0	10
Med. Red Sand	10	25
Med. White Sand	25	42
White Clay	42	53
Coarse White Sand	53	74

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) north arrow



Landowner Name: Jason Floyd

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  
 Print Name of Responsible Licensee and License No.

8-18-14  
 Date

Larry Carpenter  
 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 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**

Well #: T45

Aquifer: \_\_\_\_\_

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date completed: 8-16-14  
 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>Jason Floyd</u>	Latitude: <u>34°56'48.3"</u> Longitude: <u>89°33'04.7"</u>
Mailing Address: <u>387 CCC Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Potts Camp</u> MS <u>38659</u>	<u>NE</u> 1/4 <u>SW</u> 1/4, Sec <u>1</u> T <u>5S</u> R <u>2W</u>
City State Zip Code	<u>3</u> Miles <u>West</u> of <u>Potts Camp</u>
Telephone No. ( <u>662</u> ) <u>544-6329</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 8-16-14 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: 72 feet Number of Stages: 11

**Pump Test Data for Non Flowing Well**

Date Well Tested: 8-16-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 54 Feet Below Land Surface Pumping Water Level (B): 60 Feet Below Land Surface

Drawdown [(B) - (A)]: 6 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 8-18-14 Larry Carpenter  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer