

well 2

County: CLARK
 Permit #: 5496
 Driller: EARL MOSELEY
 Date drilling completed: 3-22-16

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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: P85
 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)

Owner Name: DAVID FARBER
 Mailing Address: 257 CO. RD 278
MOSSBURG MS 39366
 City State Zip Code
 Telephone No. (601) 274-2051

Well or Borehole Location

Latitude: 31° 56' 42.00" Longitude: 88° 53' 40.00"

Method of Lat/Long (circle one): Conventional Survey, _____
 _____ USGS quad, Hand-held GPS, Survey-grade GPS

NE 1/4 NW 1/4 Sec 8 Twn 12N Rng 14E

Distance Direction Nearest Town
15 Miles SW of Quitman

Well / Borehole Data

Date drilling started: 3-21-16 Date drilling completed: 3-22-16 Hole depth: 208 Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COUNTY LAKE DR. RD.
 Method of dosing and volume of Chlorine used in drilling and development: 1.02 HTA PER 1000 GAL

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: 3-22-16

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

Well depth: 208 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 258 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #16 inches Setting depth: From 188 feet to 208 feet

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

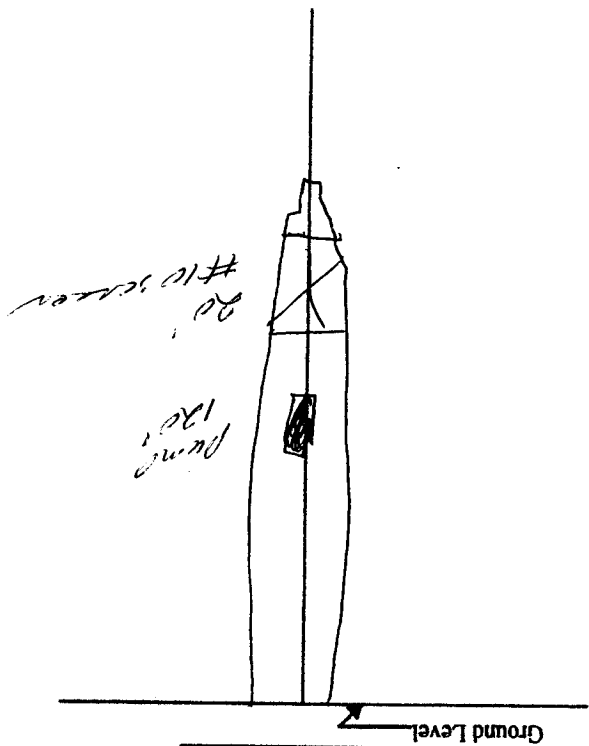
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-500 (1-10-14)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
Fein D.I.T	15	82
CLAY	15	82
Red gravel	82	82
GRAY CLAY	83	82
Redd	82	85
Blue clay detritus	85	105
GRAY CLAY	105	195
Redd	195	196
CLAY	195	196
CLAY	196	196
SHELL w/ CLAY	196	170
SHELL & fine limb sand	170	208

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.

FROM OUTMAN GET ON 45 SOUTH TURN RIGHT ON CR. RD
 280 GO 10 MILE TURN LT. ON 278 GO TO ENDD
 RD TO CHICKEN HOUSE

Landowner Name: _____

Form: OLWR-SWR-1A (04/08)

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. EARL WOSELEY 5496 3-31-16
 Date _____
 Signature of Licensee Earl Woseley

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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: P85
 Elevation: _____

County: CLARK
 Permit #: 5496
 Driller: EARL MOSELEY
 Date completed: 2-22-16
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>DAVID FARBER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>257 W. RD. 278</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>VOSSBURG MS 39366</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>8 T14N R14E</u>
Telephone No. <u>(274) 274-2651</u>	Distance Direction Nearest Town
	<u>15</u> Miles <u>S/W</u> of <u>Quitman</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>3-30-16</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-30-16</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>80</u> Gallons Per Minute	
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.

EARL MOSELEY 5496 Earl Moseley
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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APR 05 2016

Form: OLWR-SWR-1B (04/08)

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