

Driller: EARL MOSLEY
Date drilling completed: 8-7-15

Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309 280
(601)961-5555
(601)961-5228 (fax)

Aquifer: _____
E-Log #: _____

Greene COPY

A 89

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Steve Walley</u>	Latitude: <u>88.782</u> Longitude: <u>31.382</u>
Mailing Address: <u>Steve Walley</u> <u>DR.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>RICHTON MS</u> <u>39476</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE</u> 1/4 <u>SW</u> 1/4, Sec <u>22</u> T <u>5N</u> R <u>8W</u>
Telephone No. <u>(601) 394-3482</u>	<u>10</u> Miles <u>NORTH</u> of <u>SAND HILL MS.</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 8-7-19 Date drilling completed: 8-7-19 Hole depth: 93' Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COUNTY LAKE DE-HAMPTON

Method of dosing and volume of Chlorine used in drilling and development: 4.02 HTA

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: NONE

Name of organization running log(s): N/A

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 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: 41' feet above or below land surface Date measured: 8-7-19
(check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____

Well depth: 93' Well grouted to a depth of: 10' feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 70' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: #8 inches Setting depth: From 70 feet to 90 feet

Type of completion (check 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

Form: OLWR-SWR-1A (4/13)

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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 #: A89
Aquifer: _____

County: Green
Permit #: 5496
Driller: EARL MOSELEY
Date completed: 8-7-19
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>STEVEN WALLEY</u>	Latitude: <u>88.782</u> Longitude: <u>31.382</u>
Mailing Address: _____ <u>STEVEN WALLEY DR</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>RIGHTON MS</u> <u>39476</u>	<u>ME</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$, Sec <u>22</u> T <u>5N</u> R <u>8W</u>
City State Zip Code	<u>10</u> Miles <u>NORTH</u> of <u>SAND HILL MS</u>
Telephone No. <u>(601) 394-3482</u>	(Distance) (Direction) (Nearest Town)

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 8-7-19 Rated Pump Capacity: 7 Gallons Per Minute
Is This Pump (check one): New Repaired Replacement

Power Type (check one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 1/2 Setting Depth: 80 feet Number of Stages: _____

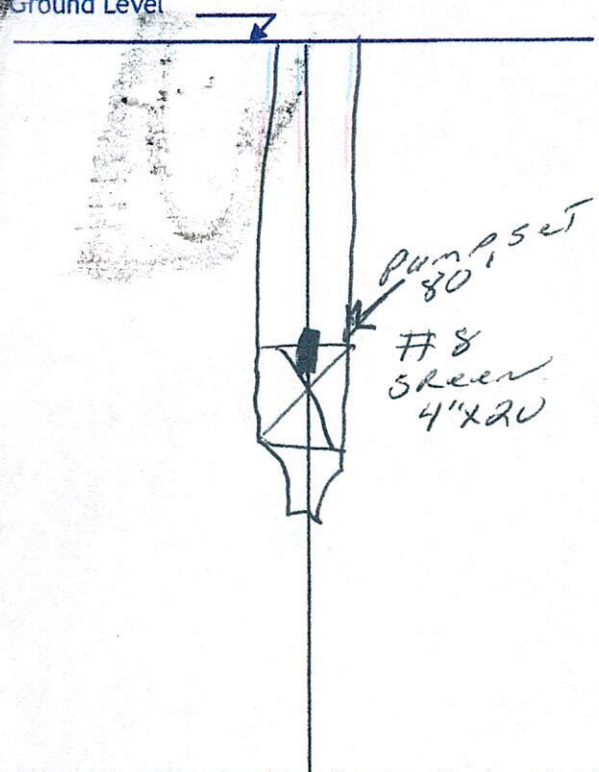
Pump Test Data for Non Flowing Well
Date Well Tested: 8-7-19 Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): 41' Feet Below Land Surface Pumping Water Level (B): 80 Feet Below Land Surface
Drawdown [(B) - (A)]: 39 Feet Below Land Surface Test Pumping Rate: 12 Gallons Per Minute
Method of measurement (check 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 (check 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.
EARL MOSELEY 5496 8-7-19
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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	Ground level	
TOP SOIL	2	2
SAND	2	8
GRAY CLAY	8	20
SAND	20	30
YELLOW SAND	30	43 43
ROCK	43	44
SAND	44	48
CLAY	48	58
SAND	58	90

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

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Landowner Name: _____

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.

Print Name of Responsible Licensee and License No. _____ Date _____ Signature of Licensee _____