

# 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: C 79  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Wayne  
Permit #: \_\_\_\_\_  
Driller: EARL MOSLEY  
Date drilling completed: 8-12-15

**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)	Well or Borehole Location
Owner Name <u>Jimmy Pearson</u>	Latitude: <u>31° 47' 06"</u> Longitude: <u>88° 40' 58"</u> <span style="float: right;">33</span>
Mailing Address: <u>Spike's Hay's Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Waynesboro MS 39367</u>	<u>SE 1/4 SE 1/4 Sec 34 Twn 10N Rng 7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) <u>410-2455</u>	<u>6</u> Miles <u>SOUTH</u> of <u>Waynesboro</u>

### Well / Borehole Data

Date drilling started: 8-11-15 Date drilling completed: 8-12-15 Hole depth: 195' Hole diameter: 4"  
Location of the source of any surface water used for drilling: 837 COUNTY LAKE DEHAM RD  
Method of dosing and volume of Chlorine used in drilling and development: 40ZHTUPER 1000  
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: 90 feet above or below (circle one) land surface Date measured: 8-12-15  
Method of Measurement (circle one)  steel tape  electric tape  air line other: \_\_\_\_\_  
Well depth: 195 Well grouted to a depth of 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix  
Casing length: 185 feet Casing diameter: 4" inches Type of casing: PVC  
Screen length: 10 feet Screen diameter: 4" inches Type of screen: PVC  
Screen slot size: #10 inches Setting depth: From 185 feet to 195 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-SWR-1A (04/08)

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

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: Earl Moseley  
 Date completed: 8-12-15  
Copy information from block on Part 1

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: C79  
 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>Jimmy Pearson</u>	Latitude: <u>31.47.106</u> Longitude: <u>88.42.559</u>
Mailing Address: <u>5 SPIRES HAY RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Waynesboro MS 39367</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE 1/4 SE 1/4 Sec 34 T 10NR 7a</u>
Telephone No. ( ) <u>410 - 2485</u>	Distance _____ Direction _____ Nearest Town _____
	<u>6</u> Miles <u>NORTH</u> of <u>Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>8-14-15</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-19-15</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12</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  
 Print Name of Pump Installer and License No. (if applicable)

Earl Moseley  
 Signature of Pump Installer

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