

County: WALTON
 Permit #: 5496
 Driller: EARL MOSELEY
 Date drilling completed: 6-12-18

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 39226
 (601) 981-5210
 (601) 981-5226 (fax)

For Office Use Only:
 Annular: _____
 Well #: C81
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the licensee 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>GARY BUSBY</u>		Latitude: <u>31° 47' 06"</u> Longitude: <u>88° 39' 57"</u>	
Mailing Address: <u>172 SPINKES HAYES RD</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>Waynesboro MS 39367</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 SW 1/4 Sec 35 Twn 10N Rng 7W</u>		
Telephone No. <u>(601) 381-4734</u>	Distance <u>8</u> Miles	Direction <u>N</u>	Nearest Town <u>Waynesboro</u>

Well / Borehole Data

Date drilling started: 5-22-18 Date drilling completed: 5-26-18 Hole depth: 460 Hole diameter: 4"

Location of the source of any surface water used for drilling: 932 SANDY LAKE DR WALKER RD
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 H2O2 PER 1000 GAL

Logs run (circle all applicable): Log Gamma Ray Density Sonic Neutron Other
 Name of organization running logs: _____

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, check 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: 162' feet above or below (circle one) land surface Date measured: 6-12-18
 Method of Measurement (circle one) steel tape _____ electric tape _____ air line _____ other _____

Well depth: 460 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Min _____
 Casing length: 420 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: #8 inches Setting depth: From 420 feet to 460 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 increased or more than one screen, describe on next page)*

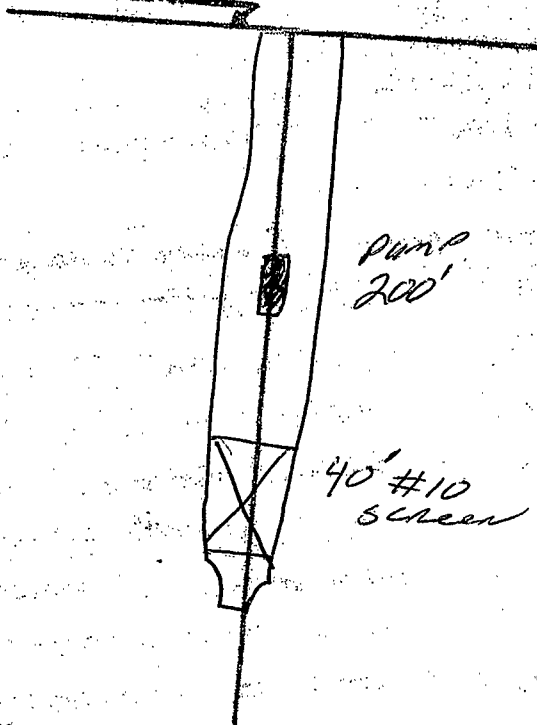
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C81

The sketch below only required for water wells

If well references, show depths on sketch

Ground Level



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

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	2
GRAY & Pink clay	2	15
GRAY clay	15	58
Rock	58	64
CHALK	64	66
Rock	66	108
Clay	108	109
Rock	109	225
Clay	225	270
Rock STRATONS	270	277
Clay	277	300
SAND	300	340
Clay	340	342
SAND & Shell	342	361
Rock	361	378
Clay	378	379
SAND	379	400
	400	460

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) a north arrow.

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.

EARL MASELEY 5496
Print Name of Responsible Licensee and License No.

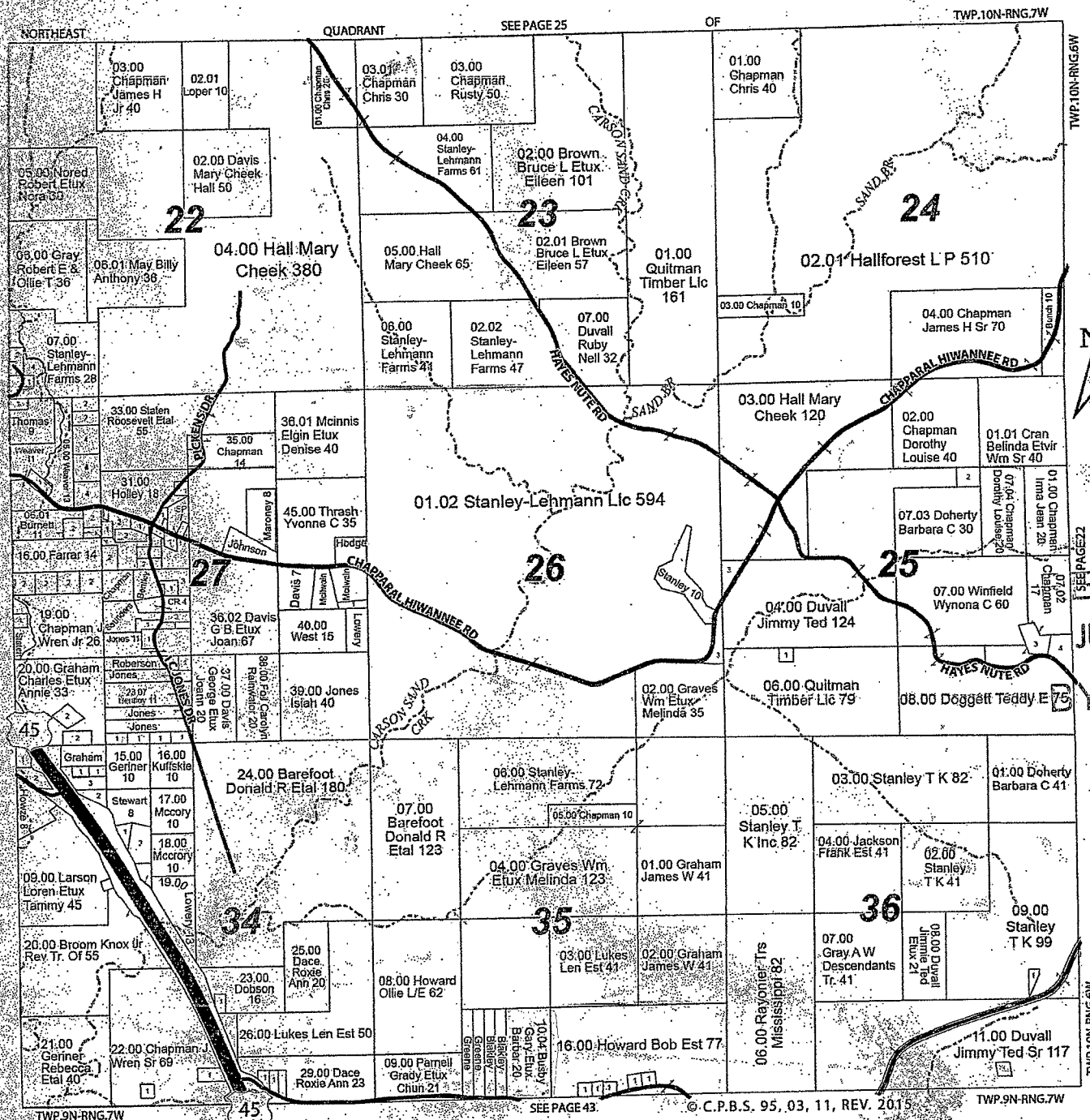
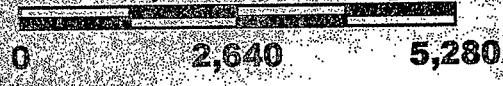
Date

Earl Maseley
Signature of Licensee

Scale 1:27,000
1 Inch = 2,250 US Survey Feet

TWP.10N - RNG.7W (SOUTHEAST)

WAYNE COUNTY, MISSISSIPPI



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SEE PAGE 43

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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) 561-5210
 (601) 561-5228 (fax)

County: Wayne
 Permit #: 5496
 Installer: EARL MURLEY
 Date completed: 6-12-18
 Copy information from Part I

For Office Use Only:

Applies: _____
 Well #: C81
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attached and submitted along with this Department of the above address within 10 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>GARY BUSBY</u>	Latitude: <u>31-47-06</u> Longitude: <u>88-39-57</u>
Mailing Address: <u>178 SPINKES HAYES RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Waynesboro MS 39317</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 Sec 35 T 10N R 7W</u>
Telephone No. (601) <u>381-4734</u>	Distance Direction Nearest Town
	<u>8 miles N of Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Bucket <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/>
Other (specify): _____	Hand <input type="checkbox"/>
Date Pump Installed: <u>6-12-18</u>	Tractor PTO <input type="checkbox"/>
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Windmill <input type="checkbox"/>
	Other (specify): _____
	Horse Power Rating of Motor: <u>1 1/2</u>
	Static Depth: <u>200</u> feet
	Number of Stages: _____

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-12-18</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>162</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): <u>200</u> Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown (B)-(A): <u>38</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>15</u> Gallons Per Minute	For flowing well, measured static in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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