

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)

County: Wayne
Permit #: 5496
Driller: Earl Moseley
Date drilling completed: 1-14-15

For Office Use Only:

Aquifer: _____
Well #: C82
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)	Well or Borehole Location
Owner Name: <u>Lane Brown</u>	Latitude: <u>31° 48' 54"</u> Longitude: <u>88° 39' 40"</u>
Mailing Address: <u>913 EL FONORE ST.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>NEW ORLEANS LA. 70115</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW</u> <u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>23</u> Twn <u>10N</u> Rng <u>7W</u>
Telephone No. <u>(504) 451-3829</u>	Distance: <u>13</u> Miles Direction: <u>NORTH</u> of Nearest Town: <u>Waynesboro</u>

Well / Borehole Data

Date drilling started: 1-13-15 Date drilling completed: 1-14-15 Hole depth: 285' Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COUNTY LAKE DETMAR RD

Method of dosing and volume of Chlorine used in drilling and development: 402 HTA

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: CAMP

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: 1-14-15

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

Well depth: 285 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 265' 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 265- feet to 285 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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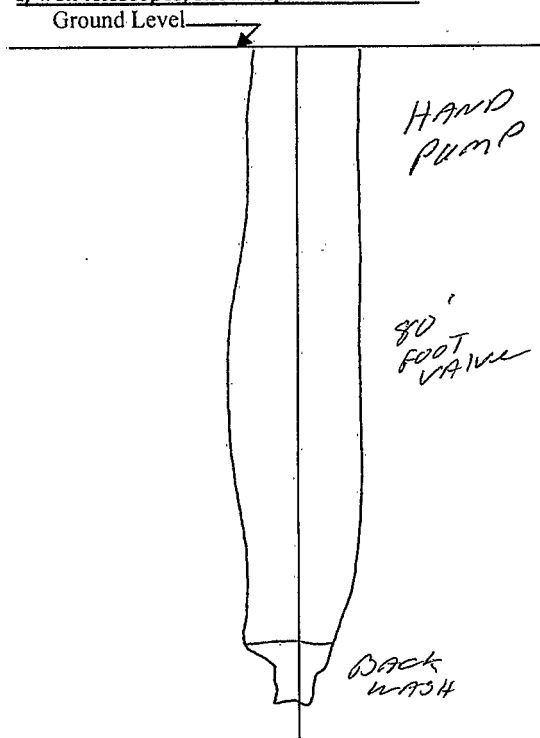
FEB 20 2015

BY: OLWR

C82

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)	To (depth)
TOP SOIL	Ground Level	3
RED/YELLOW CLAY	3	15
GRAY/BLUE CLAY	15	28
GREY CLAY	28	101
ROCK	101	102
GREY CLAY	102	107
LIMESTONE ROCK	107	109
FINE SAND	117	124
ROCK	124	125
FINE TIGHT SAND	125	133
ROCK	133	138
BLUE CLAY	138	201
ROCK STRATA	201	225
BROWN CLAY	225	250
FINE/MED SAND	250	285

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.

45 NORTH ABOUT 8 miles TO CHAPPARAI HWAYNEERD.
 GO ABOUT 3 miles TO HAYES MTE RD. ON LT. GO ABOUT
 2 miles TO IRON GATE ON RT. TURN IN GO TO END OF
 RD.

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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 Moseley 5996 1-14-15 Earl Moseley
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: 5996
 Driller: Earl Moseley
 Date completed: 1-16-15
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C82
 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>LANE BROWN</u>	Latitude: <u>31-48-54</u> Longitude: <u>88-39-40</u>
Mailing Address: <u>923 E L CONORE ST</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>NEW ORLEANS LA. 70115</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW</u> <u>SE</u> ¼ <u>SE</u> ¼ Sec <u>23</u> T <u>10N</u> R <u>7W</u>
Telephone No. <u>(504) 451-3829</u>	Distance Direction Nearest Town
	<u>13</u> Miles <u>NORTH</u> of <u>WAYNESBORO</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <u>Piston</u> Turbine	Electric Motor <u>Hand</u> Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>n/a</u>
Date Pump Installed: <u>1-16-15</u>	Setting Depth: <u>80'</u> feet
Rated Pump Capacity: <u>5</u> Gallons Per Minute	Number of Stages: <u>n/a</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-16-15</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>60'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20'</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>5</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
 Print Name of Pump Installer and License No. (if applicable)

Earl Moseley
 Signature of Pump Installer

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

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