

County: Wayne  
 Permit #: 5496  
 Driller: EARL JOSEFY  
 Date drilling completed: 10-27-18

**State Well Report**  
**Part 1 - Driller's Log**

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2300  
 Jackson, MS 39226  
 (601)861-5210  
 (601)861-6226 (fax)

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**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: C84  
 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.*

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Steve Jones</u>          Mailing Address: <u>Pleasant Grove</u>  <u>CHAPPARAI RD</u>  <u>WAYNESBORO MS 39367</u>          City State Zip Code          Telephone No: <u>601 323 1761</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 51' 35"</u> Longitude: <u>88° 39' 18"</u>  <u>50 38.78</u>          Method of Lat/Long (circle one): Conventional Survey <input type="checkbox"/> <u>16.21</u>          USGS quad, Hand-held GPS, Survey-grade GPS  <u>SW SW</u>  <u>SE 4 SE</u> 1/4 Sec <u>12</u> Twp <u>10 N</u> Rng <u>9 W</u>          Distance Direction Nearest Town  <u>18</u> Miles <u>NORTH</u> of <u>Waynesboro</u></p>
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**Well / Borehole Data**

Date drilling started: 10-24-18 Date drilling completed: 10-27-18 Hole depth: 245 Hole diameter: 4"  
 Location of the source of any surface water used for drilling: 837 County Lake Drakes Rd  
 Method of dosing and volume of Chlorine used in drilling and development: 4.22 HTR PLS 1400 GEN  
 Logs run (circle all applicable):  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: AG  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 75' feet above or below (circle one) land surface Date measured: 10-27-18  
 Method of Measurement (circle one)  steel tape  electric tape  air line  other: \_\_\_\_\_

Well depth: 245 Well grouted to a depth of 10 feet Type of grout (circle one): None  Cement  Bentonite  Mix

Casing length: 205 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 205 feet to 240 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 information or more than one screen, describe on next page*

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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 2909  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Wayne  
 Permit #: 5496  
 Driller: Earl Massey  
 Date completed: 10-27-18  
 Copy information from block on Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C84  
 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 of the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Steve Jones</u>	Latitude: <u>N 31.57.35</u> Longitude: <u>W 88.39.15</u>
Mailing Address: <u>Pleasant Grove</u> <u>Chappanel Rd.</u> <u>Waynesboro MS 39367</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS <input type="checkbox"/> <u>16.21</u> <u>50 38.78</u> NE 1/4 Sec 12 T 10N R 7W SE SW SE Distance SW Direction Nearest Town <u>18 miles North Waynesboro</u>
Telephone No. <u>(601) 323-1761</u>	

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____
Bucket: Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal: Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>11-15-18</u>	Sitting Depth: <u>160</u>
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-15-18</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>75</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>85</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>14</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 Massey 5496 Earl Massey  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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

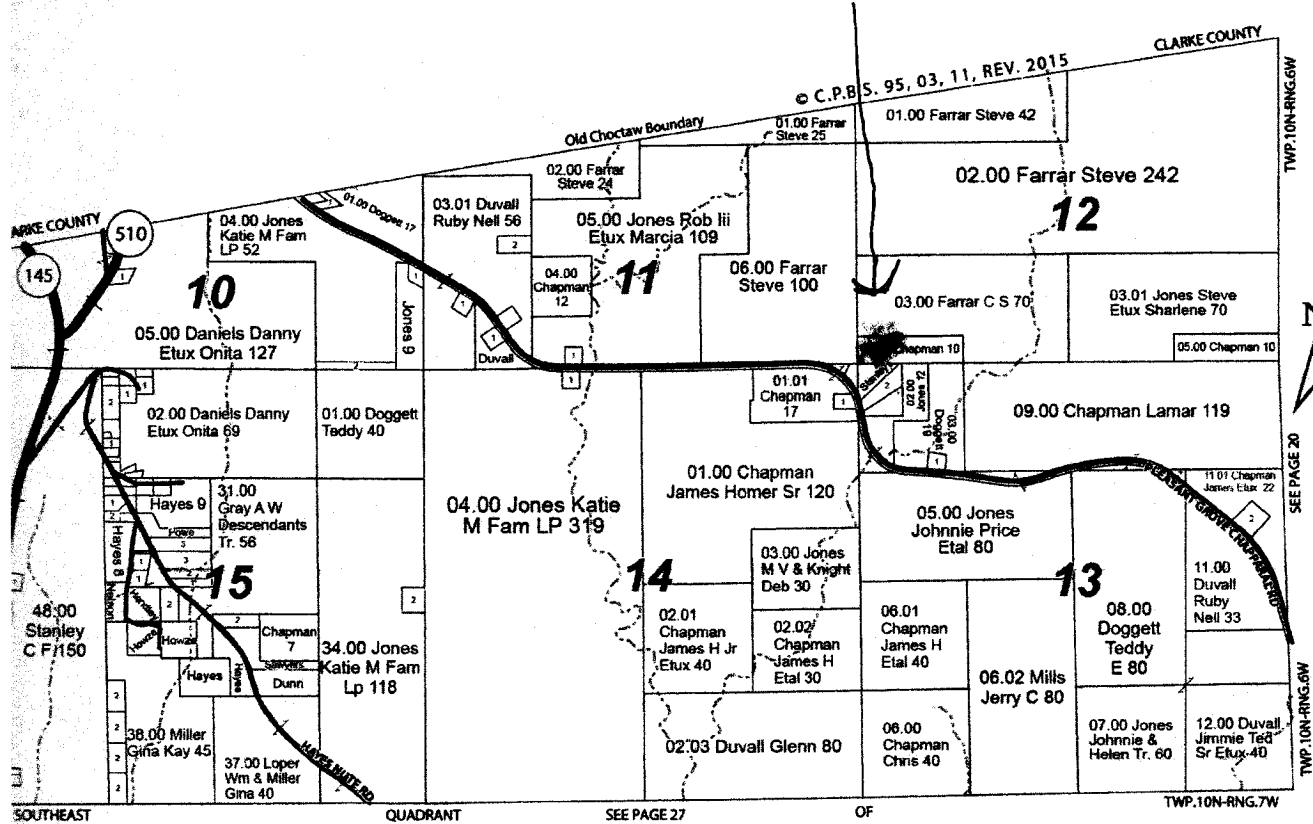
WAYNE COUNTY, MISSISSIPPI

CS4



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*new well*



TWP.10N-RNG.6W



SEE PAGE 20

TWP.10N-RNG.6W

SOUTHEAST QUADRANT SEE PAGE 27 OF TWP.10N-RNG.7W