

County: Wayne  
 Permit #: 5496  
 Driller: EARL ROSELEY  
 Date drilling completed: 11-10-18

**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 39225  
 (601)861-5210  
 (601)861-5226 (fax)

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**For Office Use Only:**  
 Aquifer: 153D45  
 Well #: \_\_\_\_\_  
 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 of 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)

Owner Name: BOBBY JONES  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
WAYNES GROVE MS 39361  
 City State Zip Code  
 Telephone No. (601) 410 5010

**Well or Borehole Location**

Latitude: 31.823 Longitude: 88.626  
 31-49-30 88-37-30  
 Method of Lat/Long (circle one): Conventional Survey  
 USGS quad, Hand-held GPS, Survey-grade GPS  
N 1/4 NE 1/4 Sec 19 Twn 10N Rng 6W  
 Distance Direction Nearest Town  
15 Miles N of WAYNES GROVE

**Well / Borehole Data**

Date drilling started: 11-6-18 Date drilling completed: 11-10-18 Hole depth: 375 Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COMPTON LANE DREEM RD  
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 HLR PER HOUR PER  
 Logs run (circle all applicable): Electric 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, 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: 160 feet above or below (circle one) land surface Date measured: 11-28-18

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

Well depth: 375 Well grouted to a depth of 10 feet Type of grout (circle one): Most Common Bentonite Mix

Casing length: 335 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 375 feet to 335 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 space does not allow, describe on next page*



# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: 153 D45  
Elevation: \_\_\_\_\_

County: WAYNE  
Permit #: 5496  
Driller: EARL MASSELEY  
Date completed: 11-10-18  
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**

Owner Name: Bobby Jones  
Mailing Address: \_\_\_\_\_  
Waynesboro MS 39367  
City State Zip Code  
Telephone No. (601) 410 5010

**Well Location**

Latitude: 31.825 Longitude: 88.626  
Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
USGS quad \_\_\_\_\_, Hand-held GPS  Survey-grade GPS \_\_\_\_\_  
NW 1/4 NE 1/4 Sec 19 T10N R6W  
Distance Direction Nearest Town  
15 miles N of Waynesboro

**Pump Type**  
Circle one

Air Lift	Jet	<input checked="" type="checkbox"/> Submersible
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify): \_\_\_\_\_  
Date Pump Installed: 11-25-18  
Rated Pump Capacity: 10 Gallons Per Minute

**Power Type**  
Circle one

Diesel Engine	Gasoline Engine	Natural Gas
Electric Motor	Hand	Tractor PTO
Windmill	Other (specify): _____	

Horse Power Rating of Motor: 1 1/2  
Sensing Depth: 250' feet  
Number of Stages: \_\_\_\_\_

**Pump Test Data**

Date Well Tested: 11-25-18  
Static Water Level (A): 160 Feet Below Land Surface  
Pumping Water Level (B): 250 Feet Below Land Surface  
Drawdown (B)-(A): 120 Feet Below Land Surface  
Test Pumping Rate: 12 Gallons Per Minute  
Duration of Pump Test (minimum 4 hours): 4 hours

**Method of Measuring Water Level**  
Circle one

Air Line	Electric Measuring Line	Steel Tape
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Other (specify): \_\_\_\_\_  
For flowing well, measured shut in head: \_\_\_\_\_ feet  
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 Masseley 5496                      Earl Masseley  
Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

