

State Well Report Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: F-121
L. S. Elevation: _____
E-log #: _____

County: Wayne
Permit #: _____
Driller: David West
Date drilling completed: 12-17-08

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Stacy Mosely</u>	Latitude: <u>31.43</u> Longitude: <u>88.51</u>
Mailing Address: <u>227 Van Hoover West Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Laurel</u> <u>MS</u> <u>39443</u>	<u>SW 1/4 SE 1/4 Sec 26 Twn 9N Rng 9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 735-1968</u>	<u>13</u> Miles <u>WNW</u> of <u>Waynesboro</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Livestock

Date well drilling started: 12-17-08 Date well drilling completed: 12-17-08

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 69 feet above or below (circle one) land surface Date measured: 12-17-08

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From _____ feet to _____ 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

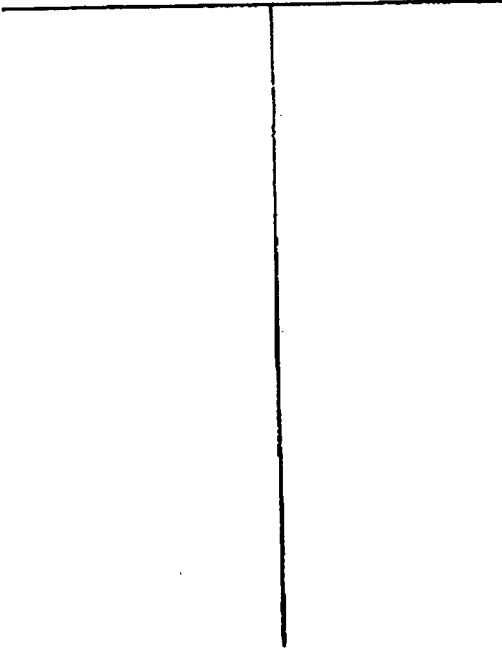
David West 0-6978
Print Name of Water Well Contractor and License No.

David West
Signature of Water Well Contractor

F-121

If well telescopes please sketch below and show depths.

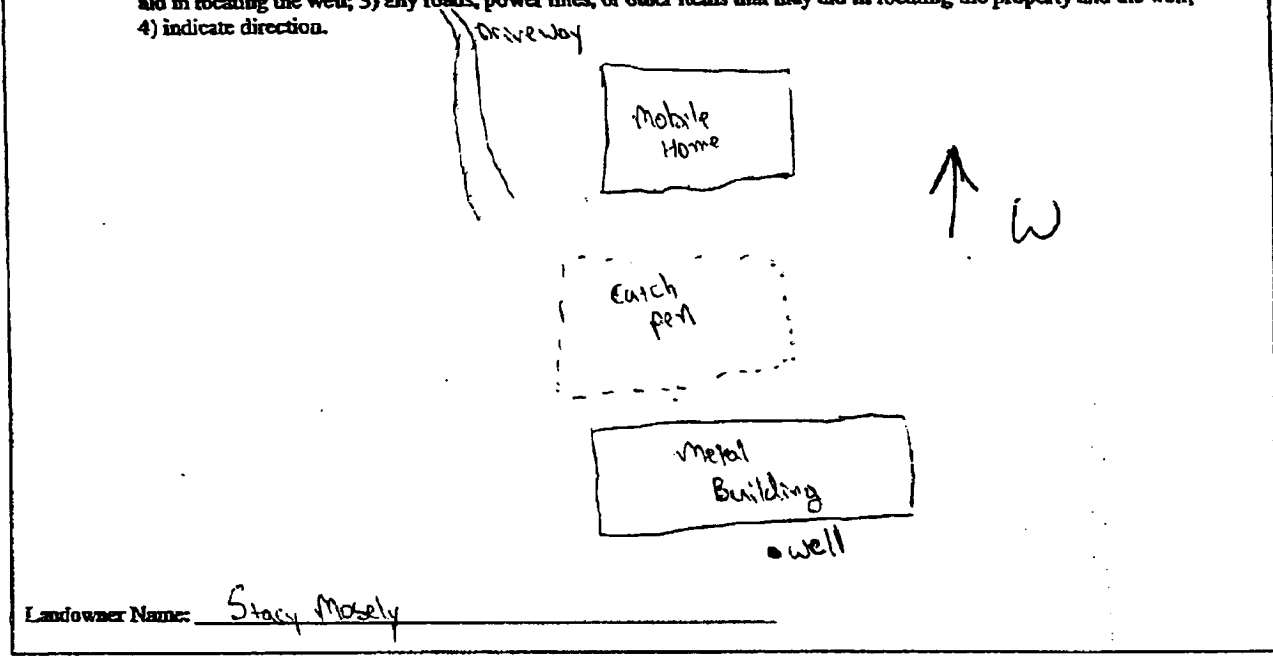
Ground Level



Description of Formations Encountered	From	To
Sandy Clay	0	19
Sand	19	36
Clay	36	54
Sandy	54	62
Sand	62	100

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) indicate direction.



David A. Wier
Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Wayne
 Permit #: _____
 Driller: David West
 Date completed: 12-17-08

For Office Use Only:
 Aquifer: _____
 Well #: F-121
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Stacy Mosely</u>	Latitude: <u>31°43'</u> Longitude: <u>88°51'</u>
Mailing Address: <u>277 Ken Haver West Dr</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Laurel</u> <u>MS</u> <u>39443</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 216 Twn 9N Rng 9W</u>
Telephone No. <u>(601) 735-1968</u>	Distance Direction Nearest Town
	<u>13 Miles WNW of Waycross</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" 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</u>
Date Pump Installed: <u>12-17-08</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: _____

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

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

David West 0672
 Print Name of Pump Installer and License No. (if applicable)

David A. West
 Signature of Pump Installer