

County: Wayne
 Permit #: 5496
 Driller: EARL ROSELEY
 Date drilling completed: 3-14-17

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2308
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: F127
 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>SHAWN SCUBBING'S</u>		Latitude: <u>31° 45' 53.2"</u>	Longitude: <u>88° 55' 76.3"</u>
Mailing Address: <u>194 OSCAR BROWN RD</u> <u>LAUREL MS 39443</u>		<u>31-45-31</u>	<u>88-55-46</u>
City: _____ State: _____ Zip Code: _____		Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey	
Telephone No. <u>(909) 652-7079</u>		USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS	
		<u>SE 1/4</u> <u>SE 1/4</u> Sec <u>97</u> Twn <u>9N</u> Rng <u>9W</u>	
		NE Distance: <u>15</u> Miles Direction: <u>WEST</u> of <u>WAYNES BOW</u>	

Well / Borehole Data

Date drilling started: 3-13-17 Date drilling completed: 3-14-17 Hole depth: 247 Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COUNTY LAUREL DR R.D.

Method of dosing and volume of Chlorine used in drilling and development: 4.02 HHA PER 1000 GAL

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

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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: 110 feet above or below (circle one) land surface Date measured: 3-15-17

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

Well depth: 247 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 220 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: Open feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: Open inches Setting depth: From _____ feet to _____ feet

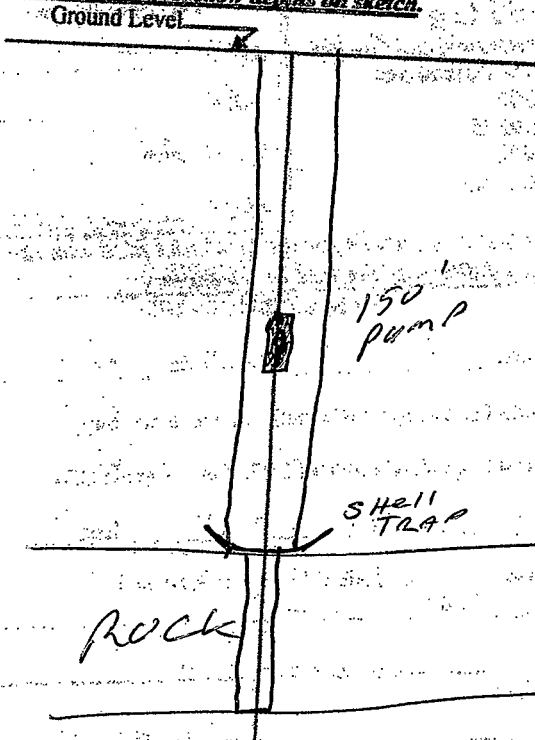
Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ Natural Development _____

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

If well telescopes, show depths on sketch.



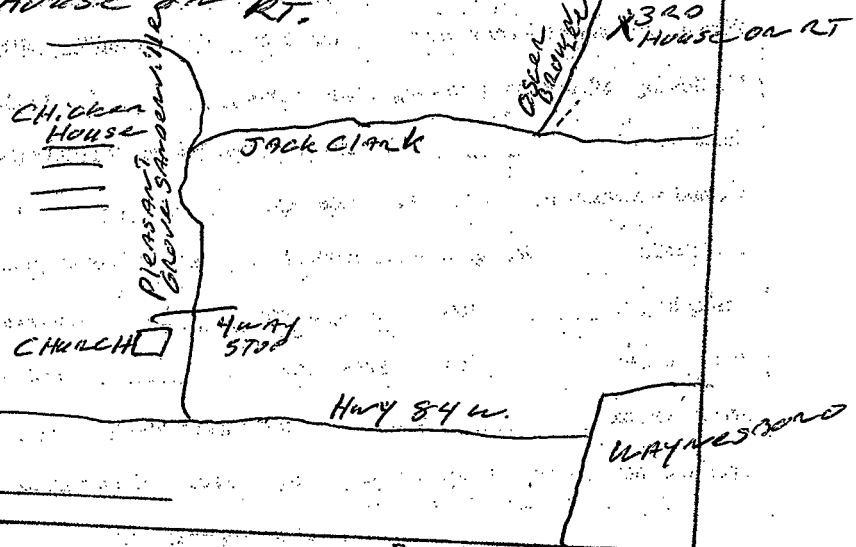
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TSP SOEL	Ground Level	2
Yellow Clay	2	13
GRAY/YELLOW CLAY	13	49
Rock	49	50
Clay	50	54
Rock	54	55
Clay	55	70
Packie sand	70	105
Clay	105	159
Rock	159	162
Clay	162	163
Rock	163	163
Clay	163	204
204 - Rock	204	205
Clay	205	214
Rock	214	217
Clay	217	220
Rock Honeycomb	220	231
SOFT lime	231	235
Rock	235	237
SOFT lime	237	247

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.

FROM WAYNESBORO TAKE S.W. ABOUT 12 MILES TO PLEASANT GROVE SANDVILLE RD ON RT. GO ABOUT 3 MILES TO JACK CLARK RD ON RT. GO ABOUT 2 MILES TO OSCAR BROWNER ON LT. GO 1/4 MILE TO HOUSE ON RT.



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 MOSLEY 5496
 Print Name of Responsible Licensee and License No.

Date

Earl Mosley
 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: _____
 Permit #: 5496
 Driller: EARL MOSLEY
 Date completed: 3-14-17
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F127
 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>SHAWN SCOGGINGS</u>	Latitude: <u>31-45-522</u> Longitude: <u>88-55-763</u>
Mailing Address: <u>194 Ocean Boulevard</u>	<u>31-45-31</u> <u>88-55-46</u> Method of Lat/Long (check one): Conventional Survey _____
<u>LAUREL MS 39443</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SE</u> <u>SE</u> <u>100</u> 1/4 <u>000</u> 1/4 Sec <u>9</u> T <u>9N</u> R <u>9W</u>
Telephone No. <u>904</u> <u>(601) 652 7679</u>	NE Direction Nearest Town <u>15</u> Miles <u>west</u> of <u>LAUREL</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor 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>3-15-17</u>	Setting Depth: <u>150</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: <u>3-15-17</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): <u>APR 14 2017</u>
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>22</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 MOSLEY 5496 Earl Mosley
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

