

STATE WELL REPORT

Part I

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: G155
Aquifer: _____
E-Log #: _____

County: WAYNE
Permit #: _____
Driller: EARL MOSELEY
Date drilling completed: 9/25/13

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>AUSTIN SHEPPARD</u> <u>SHEPARD</u>	Latitude: <u>N 31-40-22</u> Longitude: <u>W 088-48-96 L</u>
Mailing Address: <u>521 Boyles RD</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS <input checked="" type="checkbox"/>
City _____ State _____ Zip Code _____	USGS quad <u>SW</u> ^{NW} <u>SW</u> ^{SW} , Sec <u>33</u> ¹ <u>9N</u> ^R <u>8W</u>
Telephone No. <u>(601) 410 4361</u> <u>[4311]</u>	<u>7</u> Miles <u>WEST</u> of <u>Waynesboro</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>9-23-13</u>	Date drilling completed: <u>9-25-13</u> Hole depth: <u>104</u> Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: <u>8.37 COUNTY LAKE DENHAM RD</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>402 HTM PER 1000</u> <u>(2000 TOTAL)</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): <u>N/A</u>	
Purpose of borehole (circle one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>48'</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>9-25-13</u> <small>(circle one)</small>	
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe) _____	
Well depth: <u>104</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>94'</u> feet	Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10'</u> feet	Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>#10</u> inches Setting depth: From <u>94'</u> feet to <u>104'</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>	
Other (describe): _____	
Top of tap pipe or reduction in casing: _____ feet	

If telescoped or more than one screen, describe on next page

RECEIVED

OCT 28 2013

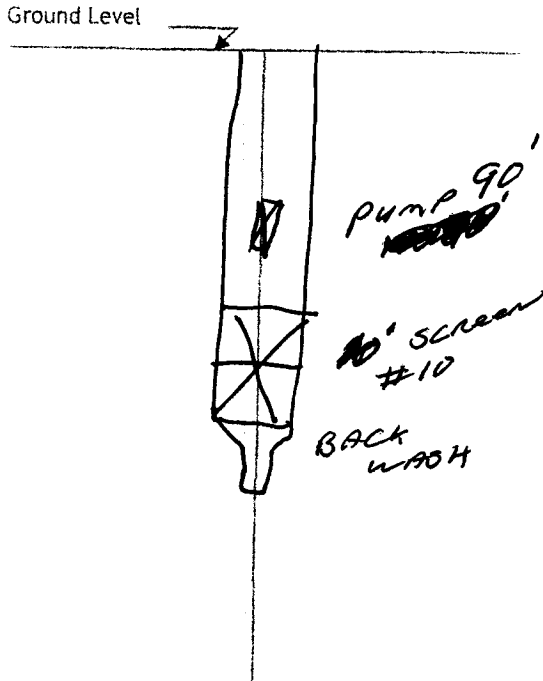
BY: OLWR

County: WAYNE
 Permit #: _____

For Office Use Only:
 Well #: 6155

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	2
FINE RED SAND	2	15
RED FINE/MED SAND	15	30
FINE SAND	30	60
WHITE FINE MED SAND	60	87
MED SAND	87	104
CLAY	104	

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) north arrow

84 WEST ABOUT 2 miles TURN RT ON
 BEAT 4 SHUBUTA RD. GO 1/4 mile TO BOYLES RD
 ON LT THEN GO 1/4 TO 1/2 mile 1ST DRIVE ON
 LT GO TO END

Landowner Name: _____

I HEREBY 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 5496 9-27-13 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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: 6155
 Aquifer: _____

County: WAYNE
 Permit #: _____
 Driller: EARL MOSELEY
 Date completed: 9-27-13
 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	Well Location
Owner Name: <u>AUSTIN SHEPARD</u>	Latitude: <u>31-40-720</u> Longitude: <u>088-48-466</u>
Mailing Address: <u>521 BOYLES RD</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>WAYNESBORO MS 39367</u>	<u>SW 1/4 NW 1/4, Sec 33 T 9 N R 8 W</u>
City: _____ State: _____ Zip Code: _____	<u>7</u> Miles <u>WEST</u> <u>WAYNESBORO</u>
Telephone No. (<u>601</u>) <u>410 4311</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 9-27-13 Rated Pump Capacity: 27 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 1 1/2 Setting Depth: 90' feet Number of Stages: 10

Pump Test Data for Non Flowing Well

Date Well Tested: 9-27-13 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 48' Feet Below Land Surface Pumping Water Level (B): 90' Feet Below Land Surface

Drawdown [(B) - (A)]: 42' Feet Below Land Surface Test Pumping Rate: 35 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

RECEIVED
 OCT 28 2013
 BY: OLWR

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

EARL MOSELEY 5496 9-27-13 Earl Moseley
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer