

153

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 #: G159
Aquifer: _____
E-Log #: _____

County: WAYNE
Permit #: 5496
Driller: EARL MORSELEY
Date drilling completed: 10-22-14

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 (Landowner if borehole is not for a water well)	Well or Borehole Location <u>31°43'51" N 88°46'20" W</u>
Owner Name: <u>DONALD SELLERS</u>	Latitude: <u>31.73862</u> Longitude: <u>088.46.335</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>DONALD SELLERS DR</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>WAYNESBORO MS 39367</u>	<u>NW 1/4 SW 1/4</u> , Sec <u>23</u> T <u>9N</u> R <u>8W</u>
City _____ State _____ Zip Code _____	<u>12</u> Miles <u>WEST</u> of <u>WAYNESBORO</u>
Telephone No. (601) <u>735-3417</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10-22-14 Date drilling completed: 10-25-14 Hole depth: 167' Hole diameter: 4"

Location of the source of any surface water used for drilling: 937 Co Lake Denmark Rd

Method of dosing and volume of Chlorine used in drilling and development: 402 HTM PER 1000

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

Name of organization running log(s): N/A

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): CHICKEN HOUSES

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

Static Water Level: 55' feet [above or below] land surface Date measured: 10-25-14

(circle one)

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

Well depth: 167' Well grouted to a depth of: 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 120' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 110 feet to 130 feet

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

Other (describe): _____

Top of tap pipe or reduction in casing: _____ feet

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

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BY: OLWR

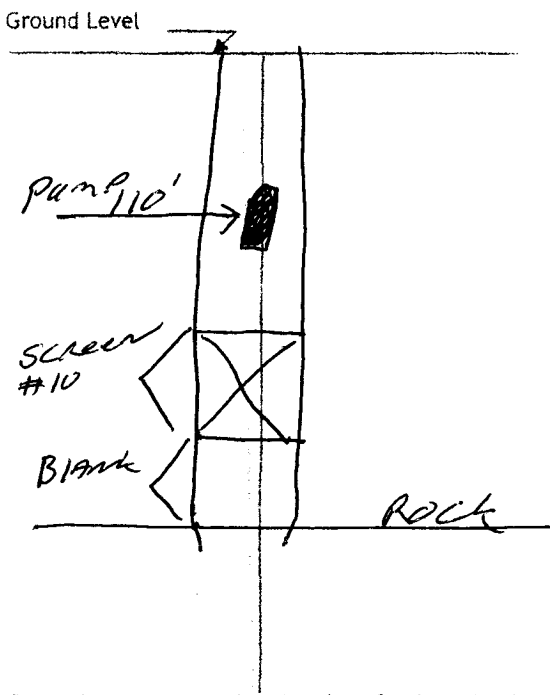
88.46 20
31 43 51

County: WAYNE
 Permit #: 5496

For Office Use Only:
 Well #: _____

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	3
GRAY & PINK CLAY	3	11
med w/ SAND	11	15
COURSE SAND	15	27
RED SANDY CLAY	27	30
Blue CLAY	30	66
COURSE WHITE SAND	66	71
ROCK	71	73
Blue CLAY	73	78
ROCK	78	86
Blue CLAY	86	88
ROCK	88	89
Blue CLAY	89	92
ROCK	92	96
SAND CLAY	96	98
ROCK	98	107
FINE SAND	107	112
F/M SAND	112	130
GRAY CLAY	130	140
ROCK	140	167

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

From WAYNESBORO. GO Hwy 84 WEST ABOUT 6 miles
 TO RILEY JORDAN RD. ON RT. GO TO END INT. w/ BEAT 4
 SHUBETA RD. TURN RT. GO ABOUT 3 miles TO FRED WEST
 ON RT. GO 1/4 mile TO CLARA WEST RD. ON RT GO
 ABOUT 1 mile TO DONALD SELLERS DR. ON RT. 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 10-27-14 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 #: G 159
 Aquifer: _____

County: WAYNE
 Permit #: 5496
 Driller: EARL MOSELEY
 Date completed: 10-27-14
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>Donald Sellers</u>	Latitude: <u>31-43-868</u> Longitude: <u>088-46-335</u>
Mailing Address: _____ <u>Donald Sellers Dr.</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>NW 1/4 NW 1/4, Sec 23 T 9N R 8W</u>
City _____ State _____ Zip Code _____	<u>12</u> Miles <u>west</u> of <u>Waynesboro</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 735-3417</u>	

Pump Type (circle one)

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

Date Pump Installed: 10-27-14 Rated Pump Capacity: 35 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: 3 Setting Depth: 1 feet Number of Stages: 7

Pump Test Data for Non Flowing Well

Date Well Tested: 10-27-14 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 55 Feet Below Land Surface Pumping Water Level (B): 110 Feet Below Land Surface

Drawdown [(B) - (A)]: 55' Feet Below Land Surface Test Pumping Rate: 42 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

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 10-27-14 Earl Moseley
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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