

State Well Report

Part 1 - Driller's Log

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 #: G-161
L. S. Elevation: _____
E-log #: _____

County: Wayne
Permit #: _____
Driller: Fred Moseley 5496
Date drilling completed: 6-26-15

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>MICHAEL CHEEK</u>	Latitude: <u>31° 44' 11" N</u> Longitude: <u>88° 50' 33" W</u>
Mailing Address: <u>ECUTTA RD</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
<u>Waynesboro MS 39367</u>	NW 1/4 Sec 19 Twn 9N Rng 8W
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 381-2308</u>	<u>12</u> Miles <u>WEST</u> of <u>Waynesboro</u>

Well / Borehole Data

Date drilling started: 6-17-15 Date drilling completed: 6-26-15 Hole depth: 170' Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COUNTY LAKE PARK RD
Method of dosing and volume of Chlorine used in drilling and development: 40Z HTH PER 1000

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

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: 105 feet above or below (circle one) land surface Date measured: 6-26-15

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

Well depth: 170' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 150' 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 _____ 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**

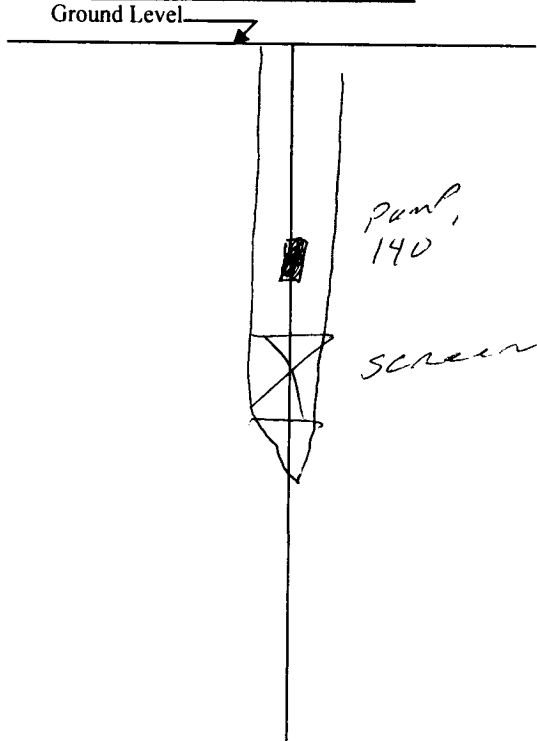
Form: OLWR-SWR-1A (04/08)

SEP 10 2015

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The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each 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	1
RED SAND	1	15
W/F SAND	15	30
MED SAND	30	45
CLAY & SANDSTONE	45	50
MEDIUM SAND	50	60
SANDY CLAY	60	71
ROCK	71	72
CLAY	72	86
ROCK	86	87
SAND	87	90
GRAY PINK CLAY	90	135
SAND	135	144
CLAY	144	145
SAND	145	150
SHARPE SAND	150	160
COURSE SAND	160	165

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.

10 miles
84 WEST TO BEAT FOUR RT AT DALLAS STORE ON
ECUADOR. GO ABOUT 2 MILES TO CHICKEN HOUSE
ON LT

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 6-26-15 Earl Mosley
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
 (601)961-5210
 (601)961-5228 (fax)

County: Wayne
 Permit #: _____
 Driller: Earl Moseley
 Date completed: 6-26-15
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E141
 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>Michael Chicks</u>	Latitude: <u>31.24.198</u> Longitude: <u>88.50.303</u>
Mailing Address: <u>ECUTA RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Waynesboro MS 39367</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>10W 1/4 Sec 19 T9N R8W</u>
Telephone No. () <u>601 381 2308</u>	Distance Direction Nearest Town
	<u>1.2</u> Miles <u>west</u> of <u>Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>6-29-15</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-14-15</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tap</u>
Static Water Level (A): <u>105</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>165</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>50</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 Moseley
 Print Name of Pump Installer and License No. (if applicable)

Earl Moseley
 Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

SEP 17 2015