

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)

County: Wayne
Permit #: 5496
Driller: EARL ROSELEY
Date drilling completed: 7/29/16

For Office Use Only:
Aquifer: _____
Well #: 6163
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>SCOTT COOLEY</u>	Latitude: <u>31° 42' 31"</u> Longitude: <u>88° 47' 34"</u>
Mailing Address: <u>HWY 84 WEST</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Waynesboro MS 39367</u>	USGS <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS <input checked="" type="checkbox"/>
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 SW 1/4 Sec 2 34</u> Twn <u>9</u> Rng <u>8W</u>
Telephone No. () <u>N/A</u>	Distance: <u>8</u> Miles <u>WEST</u> of <u>Waynesboro</u>

Well / Borehole Data

Date drilling started: 7-29-16 Date drilling completed: 7-29-16 Hole depth: 108 Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COUNTY LAKE DRAIN RD.

Method of dosing and volume of Chlorine used in drilling and development: 4.02 HTH PRO 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.

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: 31 feet above or below (circle one) land surface Date measured: 7-25-16

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

Well depth: 108 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 98 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: #8 inches Setting depth: From 98 feet to 108 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) **received**

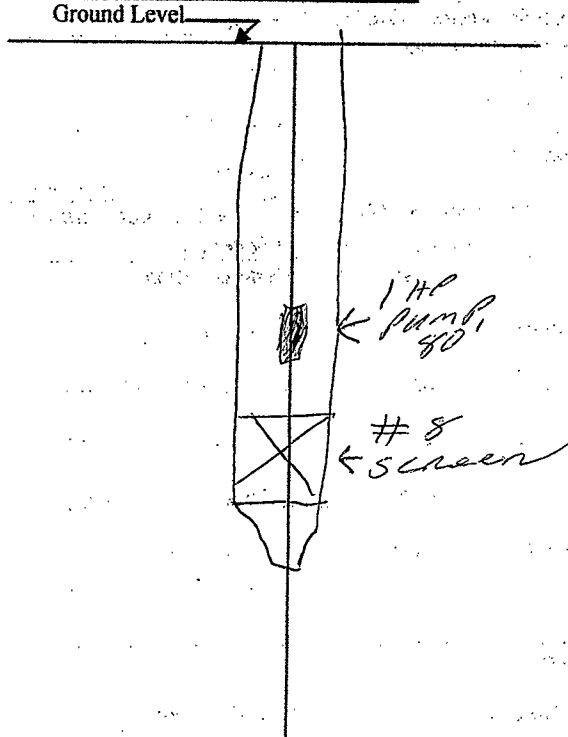
OCT 05 2016

By OLWR

G163

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)
WHITE SAND	Ground Level	22
CLAY	22	24
WHITE SAND	24	32
FINE SAND	32	83
FINE MED SAND	83	92
MED SAND	92	96
FINE MED SAND	96	108

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.

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 MOSELEY 5496
 Print Name of Responsible Licensee and License No.

Date

Earl Moseley
 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 MOSELEY
 Date completed: 7-29-16
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G163
 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>SCOTT COOLEY</u>	Latitude: <u>31.42.03</u> Longitude: <u>88.47.341</u>
Mailing Address: <u>Hwy 84 west</u>	<u>31-42-03</u> <u>88-47-20</u>
<u>Waynesboro MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____
City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. () <u>N/A</u>	<u>NW 1/4 NW 1/4 Sec 3 T 8N R 8W</u>
	SW SW 34 ON
	Distance Direction Nearest Town
	<u>8</u> Miles <u>west</u> of <u>Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>7-30-16</u>	Setting Depth: <u>80</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>7-30-16</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Pipe
Static Water Level (A): <u>31</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>49</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>2.3</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

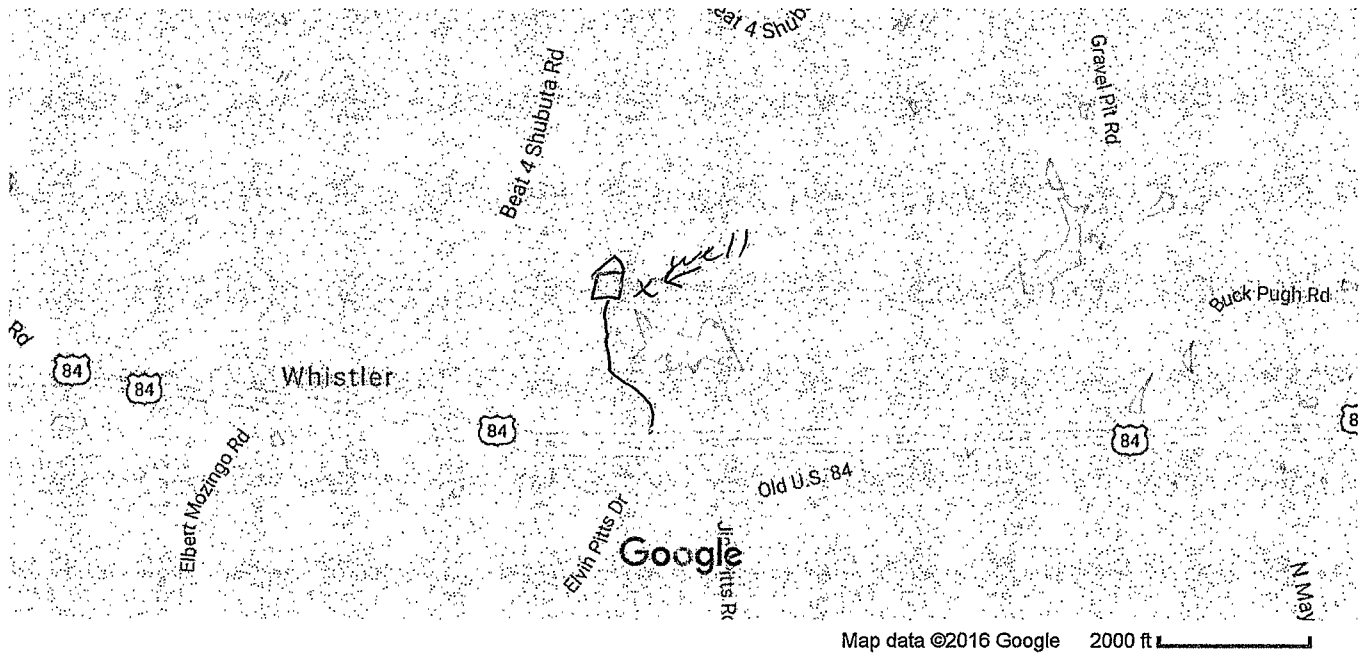
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Earl Moseley 5496 Earl Moseley
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Received

By OLWR

Google Maps



Received

OCT 05 2016

By OLWR