

Well 1

County: Wayne
 Permit #: 5496
 Driller: EARL MOSELEY
 Date drilling completed: 9-22-17

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)961-5226 (fax)

G164
 For Office Use Only:
 Aquifer: _____
 Well #: RECEIVED
 L. S. Elevation: _____
 E-log #: NOV 27 2017

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department of 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>BRANDON SURGES</u>	Latitude: <u>31° 42' 47"</u> Longitude: <u>88° 49' 18"</u>	Method of Lat/Long (circle one): Conventional Survey.	
Mailing Address: <u>335 Boyles RD</u> <u>Waynesboro MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/> NE <input checked="" type="checkbox"/> NW <input checked="" type="checkbox"/> SE <input checked="" type="checkbox"/> SW Twp <u>9N</u> Rng <u>8W</u>	Distance Direction Nearest Town <u>10</u> Miles <u>west</u> of <u>Waynesboro</u>	
City: _____ State: _____ Zip Code: <u>39367</u>			
Telephone No.: <u>601 410 1783</u>			

Well / Borehole Data

Date drilling started: 9-21-17 Date drilling completed: 9-22-17 Hole depth: 127 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 337 Security Lake Dr. Waynesboro MS
 Method of dosing and volume of Chlorine used in drilling and development: _____
 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: 45' feet above or below (circle one) land surface Date measured: 9-22-17
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 127 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 107 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: #8 inches Setting depth: From 107 feet to 127 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*

Signature of Licensee
Earl Mossley

Date

Print Name of Responsible Licensee and License No.
 EARL MOSSELEY 5496

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.

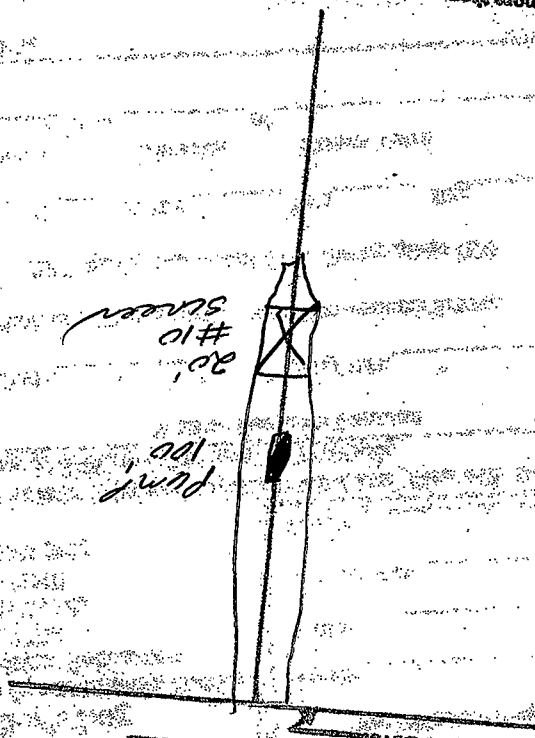
Form: OI-WR-SWR-1A (04/08)

Landowner Name:

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.

If more than one screen, show location of each on sketch

From (depth)	To (depth)	Description of Formations Encountered
0	8	Red Sand
8	20	White Sand
20	42	CHALK
42	47	CLAY
47	67	SAND
67	108	SAND
108	117	CHALK
117	132	Med Sand
132	137	



If well deeper, show depth on sketch

The sketch below only needed for water wells

Description of Formations Encountered must be recorded for all wells and boreholes. MDEQ and MDOH will be notified for all wells and boreholes. MDEQ and MDOH will be notified for all wells and boreholes.

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 #: 5496
 Installer: EARL MASELEY
 Date completed: 9-22-17
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G164
 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 of the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>BRANDON BURGESS</u>	Latitude: <u>31-42-30</u> Longitude: <u>88-49-11</u>
Mailing Address: <u>335 Boyles Rd</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Waynesboro MS 39367</u>	USGS quad <u>NE NW</u> <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
City <u>Waynesboro</u> State <u>MS</u> Zip Code <u>39367</u>	<u>NW 1/4 NE 1/4 Sec. 32 T 9N R 8W</u>
Telephone No. (cell) <u>410-1783</u>	Distance _____ Direction _____ Nearest Town _____
	<u>10 miles west of waynesboro</u>

RECEIVED

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Bucket <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/>
Other (specify): _____	Hand <input type="checkbox"/>
Date Pump Installed: 9-22-17 <u>10-10-17</u>	Windmill <input type="checkbox"/>
Rated Pump Capacity: 30 <u>35</u> Gallons Per Minute	Other (specify): _____
	Horse Power Rating of Motor: <u>2 HP</u>
	Starting Depth: <u>100</u> feet
	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: 9-22-17 <u>10-10-17</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>45</u> Feet Below Land Surface	Electric Measuring Line <input checked="" type="checkbox"/>
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown [(B) - (A)]: <u>55</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>42</u> Gallons Per Minute	For flowing well, measured at in head _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

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