

well #3

County: Wayne
 Permit #: 5496
 Driller: EARL ROSEERY
 Date drilling completed: 10-4-17

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)981-5210
 (601)981-5226 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: G166
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the licensee 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)

Owner Name: DRANOR BURGESS
 Mailing Address: 335 Byles Rd
Waynesboro MS
 City: _____ State: 39367 Zip Code: _____
 Telephone No.: (601) 410 1783

Well or Borehole Location: 31-42-26 Well or Borehole Location: 88-49-11
 Latitude: 31° 42' 43" Longitude: 88° 49' 18"
 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
 SE NW
 Twp 9N Rng 8W Sec 32
 Distance: 1/2 Miles Direction: west of Nearest Town: Waynesboro

Well / Borehole Data

Date drilling started: 10-4-17 Date drilling completed: 10-4-17 Hole depth: 135 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 337 Security Lane, Waynesboro, MS
 Method of dosing and volume of Chlorine used in drilling and development: 1/2 oz HTH provided by OLWR
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: BY OLWR
 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, ship 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: 10-4-17
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 135 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 115 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 115 feet to 135 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____
 Top of tap pipe or reduction in casing: _____ feet: If telescoped or more than one screen, describe all screen

Signature of Licensee

Earl Mosely

Date

Print Name of Responsible Licensee and License No.

Earl Mosely 5496

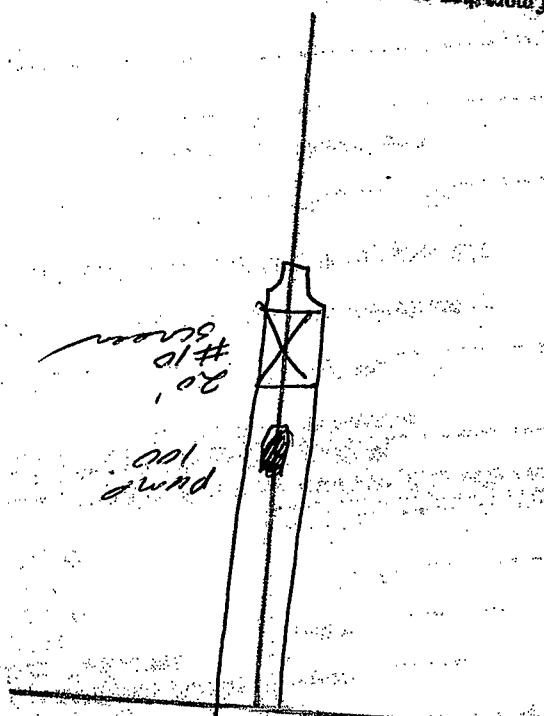
I certify that the well/borehole was drilled, constructed, completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

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

Landowner Name:

Station 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



The sketch below only intended for water wells. If well otherwise, show depth on sketch. Ground Level.

From (depth)	To (depth)	Description of Formations Encountered
0	2	Clay
2	15	Sand
15	45	med sand
45	60	med sand clay
60	90	clay
90	110	fine sand
110	133	fine sand
133	186	med sand
186	185	clay

Description of Formations Encountered. From (depth) To (depth). Description of Formations Encountered must be recorded for all wells and boreholes unless specifically exempted by regulation.

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)951-5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: G166
Elevation: _____

County: Wayne
Permit #: 5496
Driller: EARL Moseley
Date completed: 10-4-17
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 of the above within 30 days of well completion.

Well Owner Information	
<p>Owner Name: <u>BRANDON BURGESS</u></p> <p>Mailing Address: <u>335 Boyles rd</u> <u>Waynesburg MS</u> <u>39367</u></p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Telephone No. (601) <u>410 1783</u></p>	<p>31-42-26 Well Location <u>88-49-11</u></p> <p>Latitude: <u>31.42.438</u> Longitude: <u>88 49 189</u></p> <p>Method of Loc/Lang (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____</p> <p><u>NW 1/4 NE 1/4</u> % Sec. <u>32</u> T <u>9N</u> R <u>8W</u> <u>SE NW</u></p> <p>Distance _____ Direction _____ Nearest Town _____</p> <p><u>10</u> miles <u>west</u> of <u>Waynesburg</u></p>

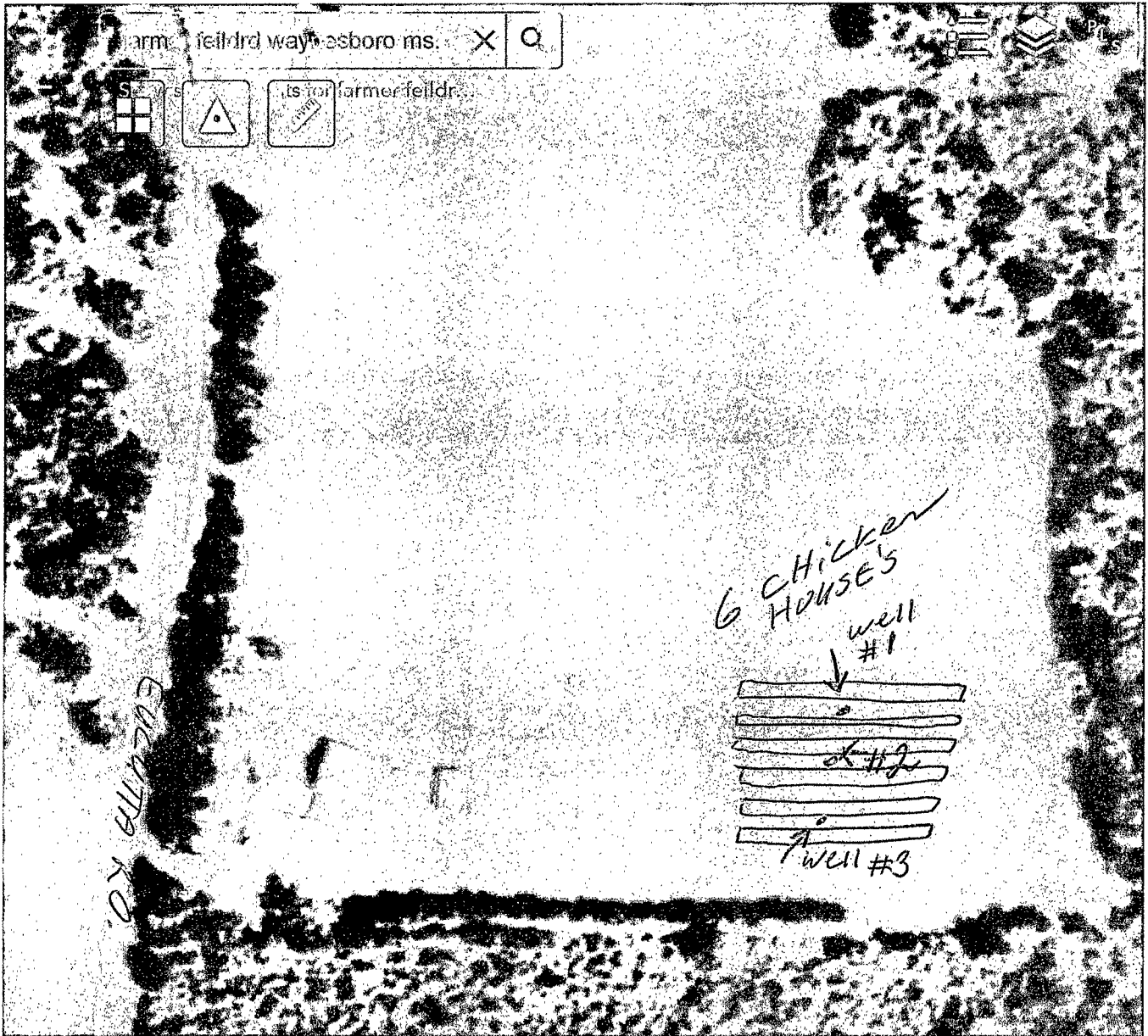
Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Bucket <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Other (specify): _____	Electric Motor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

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <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 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 static in hour: _____ 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 Moseley 5496 Earl Moseley
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer



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EAST

WEST

HWY 84

200ft
-88.817 31.710 Degrees