

County: Wayne
 Permit #: 5496
 Driller: EARL ROSELEY
 Date drilling completed: _____

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)

For Office Use Only:
 Aquifer: _____
 Well #: G167
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filled with the information on Well Owner (Landowner if borehole is not for a water well) Department at the above address within 30 days of completion of drilling of the well or borehole.

Owner Name: JUSTIN WILSON
 Mailing Address: EUCLATA RD
Waynesboro MS 39367
 City State Zip Code
 Telephone No. (601) 422-5179

Well or Borehole Location
 Latitude: 88° 82' Longitude: 31° 71'
31-42-36 88-49-16
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
 NE 1/4 NW 1/4 Sec 32 Twn 9N Rng 8W
 NE NW
 Distance 12 Miles Direction west of Waynesboro
 Nearest Town

Well / Borehole Data

Date drilling started: 2-26-18 Date drilling completed: 2-27-18 Hole depth: 210 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 337 County Line Drivn Rd
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 HTH PC 1000 Gal
 Logs run (circle all applicable): Core log 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: 65 feet above or below (circle one) land surface Date measured: 2-27-18

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

Well depth: 210 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 190 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 190 feet to 210 feet

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

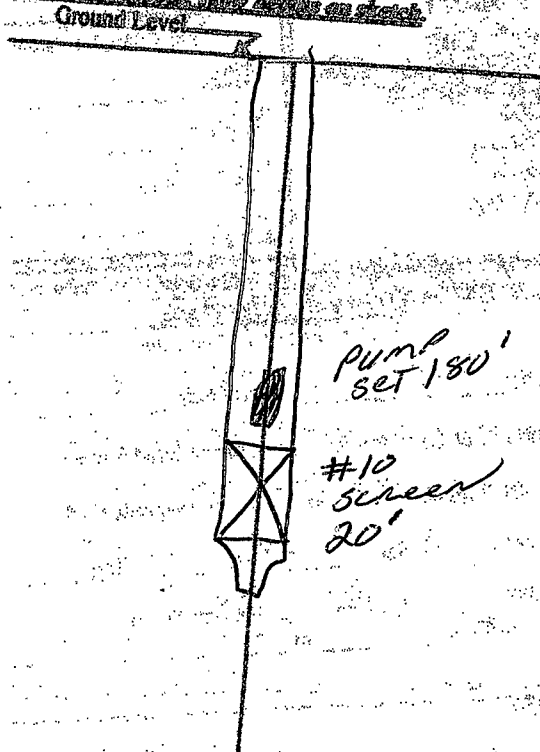
Top of lap pipe or reduction in casing: _____ feet: *If telescoped or more than one screen, describe all next above*

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The sketch below only required for water wells

If well telescopes, show details 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)
PEILD DIAT	Ground Level	4
RED SAND	4	20
WHITE SAND	20	40
CLAY	40	43
SAND	43	71
CHALK	71	82
SAND	82	95
CHALK	95	103
SAND	103	106
CHALK	106	116
FINE SAND	116	124
FINE SAND	124	142
FINE SAND	142	148
CLAY	148	180
SAND	180	190
CLAY SAND	190	202
	202	210

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.

[Empty area for property layout sketch]

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)

For Office Use Only:

Aquifer: _____
Well #: 6167
Elevation: _____

County: Wayne
Form #: 5496
Driller: EARL MASSELEY
Date completed: 2-26-18
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 address within 30 days of well completion.

Well Owner Information		Well Location	
Owner Name: <u>JUSTIN WILSON</u>		<u>31-42-36</u>	<u>88-49-16</u>
Latitude: <u>88-821</u>	Longitude: <u>31-710</u>	Method of Lat/Long (check one): Conventional Survey _____	
Mailing Address: <u>BUCUTTA RD.</u>		URBS quad _____, Mixed-Block GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
<u>Waynesboro MS 39367</u>		<u>NE 1/4 NW 1/4 Sec 32 T 9 N R 8 W</u>	
City: _____	State: _____	Distance: _____	Direction: _____
Zip Code: _____		Nearest Town: _____	
Telephone No. <u>(601) 422 5179</u>		<u>12 Miles WEST of Waynesboro</u>	

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<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>3 HP</u>		
Date Pump Installed: <u>3-2-18</u>			Sinking Depth: <u>180'</u> feet		
Rated Pump Capacity: <u>35</u> Gallons Per Minute			Number of Stages: _____		

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Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>3-2-18</u>		Air Line	Electric Measuring Line
Static Water Level (A): <u>1.5</u> Feet Below Land Surface		<input checked="" type="radio"/> Steel Tape	
Pumping Water Level (B): <u>180</u> Feet Below Land Surface		Other (specify): _____	
Drawdown [(B) - (A)]: <u>115'</u> Feet Below Land Surface		For flowing well, measured static in head: _____ feet	
Test Pumping Rate: <u>33</u> Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
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.

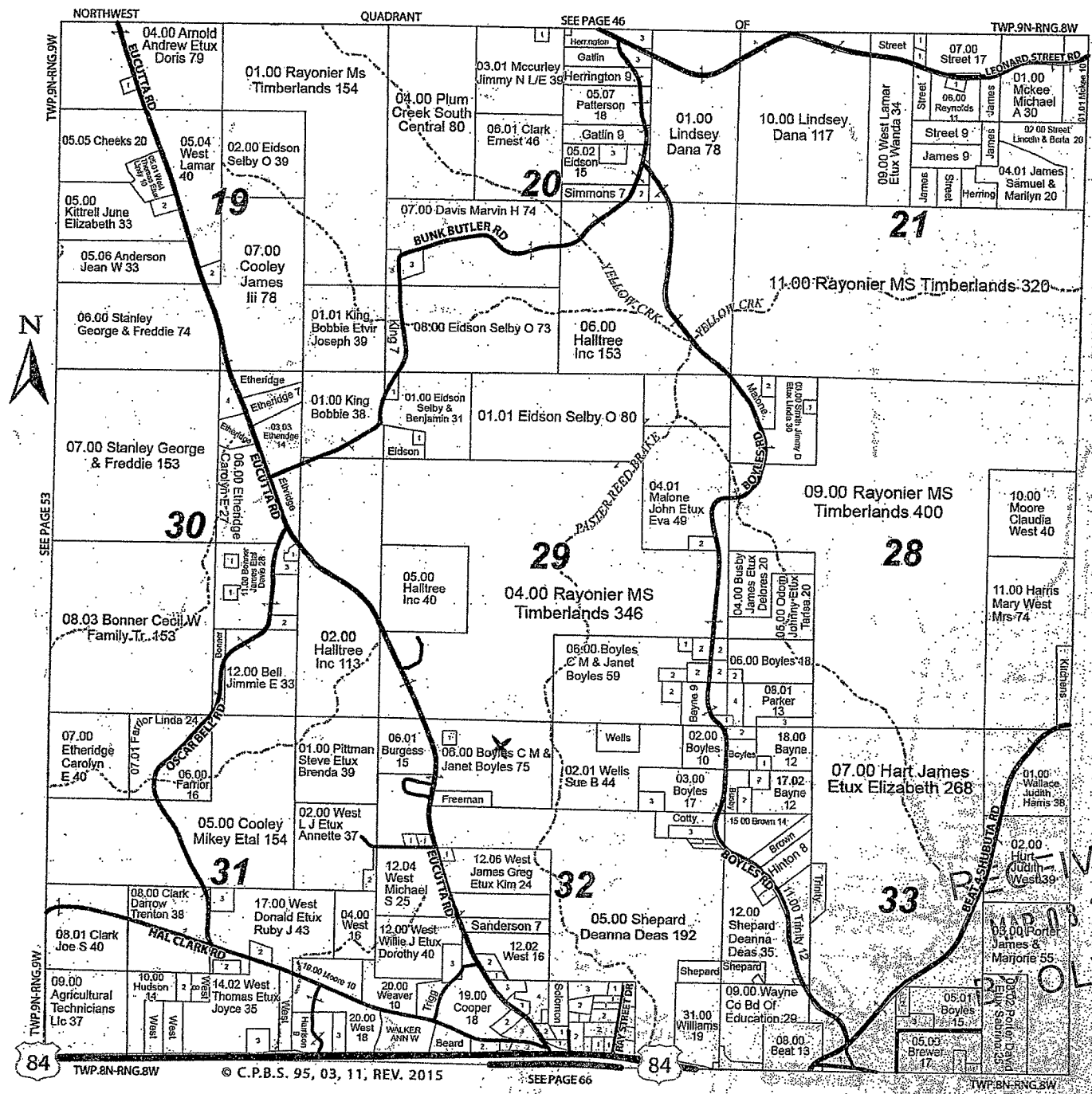
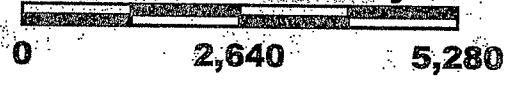
EARL MASSELEY 5496 Earl Masseley
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

6167

TWP.9N - RING.8W (SOUTHWEST)

WAYNE COUNTY, MISSISSIPPI

Scale 1:27,000
1 Inch = 2,250 US Survey Feet



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TWP.9N-RING.8W

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