

County: Wayne
 Permit #: 5496
 Driller: EARL ROSEBY
 Date drilling completed: 6-7-18

State Well Report
Part I - 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)931-8226 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: G168
 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)
 Owner Name: JUSTIN WILSON
 Mailing Address: ECUTA RO
Waynesboro MS 39367
 City State Zip Code
 Telephone No.: (601) 422 5179

Well or Borehole Location
 Latitude: 31° 11' 31.42" N Longitude: 88° 8' 21.16" W
 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
 Distance Direction Nearest Town
12 Miles west of Waynesboro

Well / Borehole Data
 Date drilling started: 6-7-18 Date drilling completed: 6-7-18 Hole depth: 100 Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 SADDY LAKE DR, WAYNESBORO, MS
 Method of dosing and volume of Chlorine used in drilling and development: 4.22 HTA PER 1000 GAL
 Logs run (circle all applicable): 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, file 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: 55 feet above or below (circle one) land surface Date measured: 6-7-18
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 120 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: #10 inches Setting depth: From 120 feet to 100 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.*

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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:

Acquirer: _____
Well #: 6168
Elevation: _____

County: Wayne
Report #: 5496
Driller: Earl Massey
Date completed: 6-7-18
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>	Latitude: <u>31.710</u> Longitude: <u>88.821</u>
Mailing Address: <u>CUCUTA RD</u>	<u>31-42-36</u> <u>88-49-16</u> Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>Waynesboro MS 39377</u> City State Zip Code	USGS quad _____, Hybrid-level GPS _____, Survey-grade GPS _____
Telephone No. <u>(601) 422 5179</u>	<u>NE 1/4 NW 1/4 Sec 32 T 9 N R 8 W</u>
	Distance Direction Nearest Town <u>12 miles west of Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2HP</u>
Date Pump Installed: <u>6-18-18</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>30</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>6-18-18</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>55</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured static in head: _____ feet
Drawdown (B)-(A): <u>85</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>35</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.

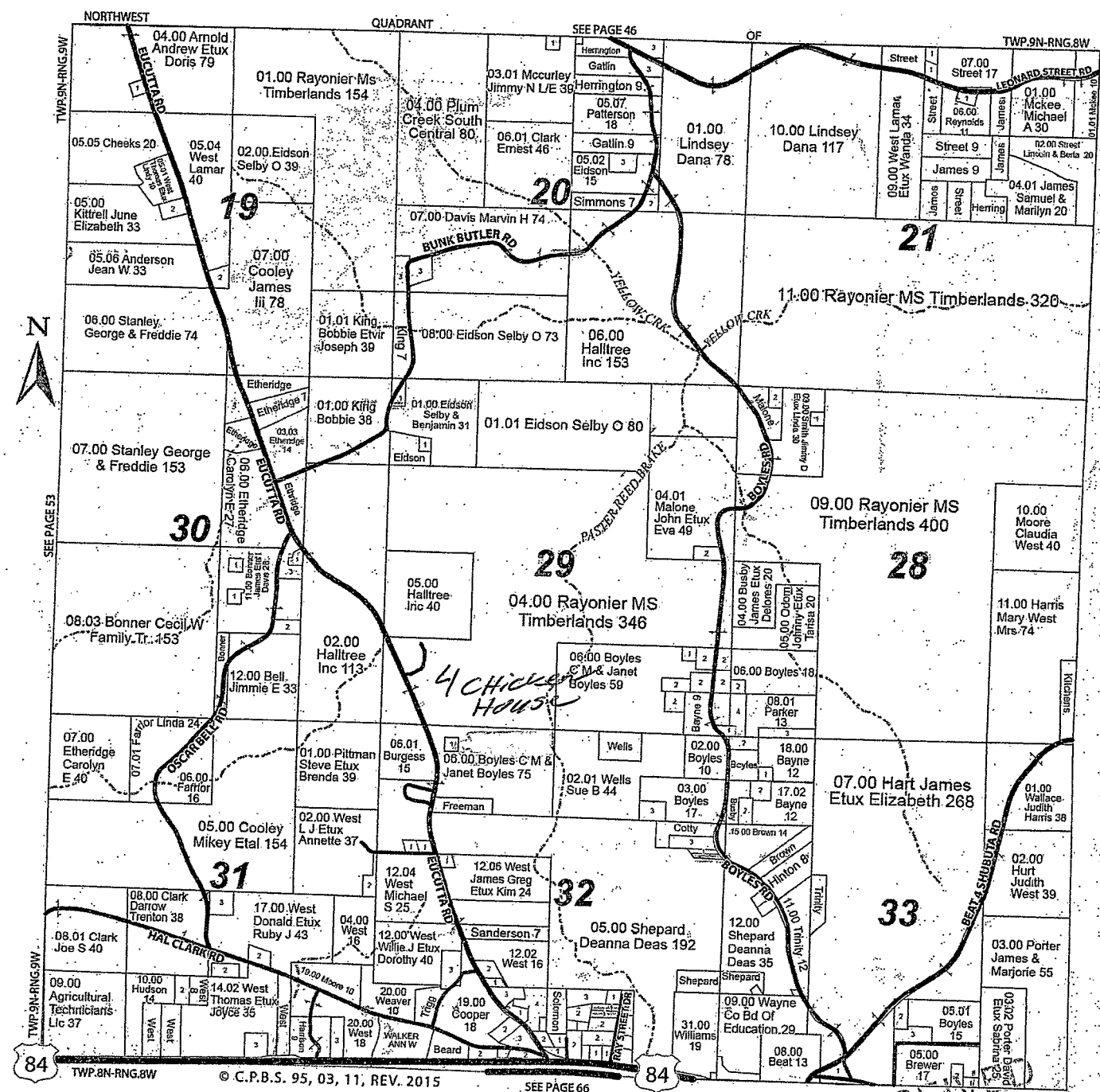
Earl Massey 5496 Earl Massey
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

G1168

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

WAYNE COUNTY, MISSISSIPPI

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



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TWP.9N-RNG.8W

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