well #2

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 39225-2309
(601)961-5555
(601)961-5228 (fax)

329'

County: Wayne
Permit #:
Driller: David West
Date drilling completed: 9-13-2018

For Office Use Only:
Well #: G-170
Aquifer:
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.

Well Owner Information
(Landowner if borehole is not for a water well)

Owner Name: Scott Cooley
Mailing Address: 5266 HWY 84
Waynesboro MS 39367
City State Zip Code
Telephone No. (601) 410-3219

Well or Borehole Location

Latitude: 31-41-52 Longitude: 88-46-56
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad X, Hand-held GPS____, Survey-grade GPS____
SW ¼ SE ¼, Sec 34 T 9N R 8W
6 Miles W of Waynesboro
(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 9-13-2018 Date drilling completed: 9-13-2018 Hole depth: 152' Hole diameter: 6½"
Location of the source of any surface water used for drilling: Well Water
Method of dosing and volume of Chlorine used in drilling and development: Tabs 50ppm
Logs run (check *all applicable*): [X] Log run [ ] Electric [ ] Gamma Ray [ ] Density [ ] Sonic [ ] Neutron Other:
Name of organization running log(s):
Purpose of borehole (check one): Water Well [X] 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 *all applicable*): [ ] Home [ ] Industrial [ ] Public Supply [ ] Irrigation [ ] Fish Culture
Other (*describe*): Poultry Farm
If a flowing well, method of flow regulation: Valve _____ Other (*describe*)
Static Water Level: 45 feet [ ] above or [X] below land surface (check one) Date measured: 9-13-2018
Method of measurement (check one) [ ] Steel tape [ ] Electric tape [ ] Air line [ ] Other (*describe*): Sonar
Well depth: 152 Well grouted to a depth of: 50 feet Type of grout (check one) [ ] Neat Cement [X] Bentonite [ ] Mix
Casing length: 132 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 132 feet to 152 feet
Type of completion (check *all applicable*) [X] Gravel packed [ ] Underreamed [ ] 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 (4/13)

Well #2

County: Wayne

Permit #: _____

For Office Use Only:

Well #: G-170

The sketch below only required for water wells

If well telescopes, show depths on sketch.

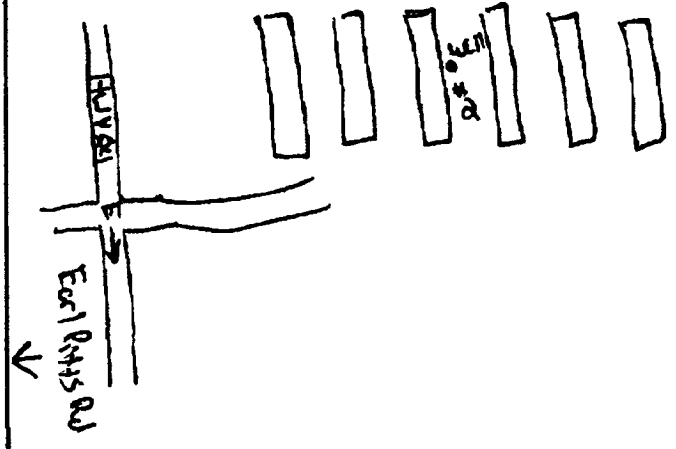
Ground Level

If more than one screen, show location of each 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)
Sandy Clay	Ground level	18
Clay	18	21
Sand	21	86
Coarse Sand / Gravel	86	152

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) north arrow



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BY OLWR

Landowner Name: Scott Cooley

I HEREBY 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.

David West 0622 — Print Name of Responsible Licensee and License No.

9-29-2018 — Date

Signature of Licensee

Form: OLWR-SWR-1B (4/13)

Well #2

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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

County: Wayne
Permit #:
Driller: David West
Date completed: 9-13-2018
Copy information from block on Part 1

For Office Use Only:
Well #: G-170
Aquifer:

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

Owner Name: Scott Cooley
Mailing Address: 5266 Hwy 84
Waynesboro MS 39367
City State Zip Code
Telephone No. (601) 410-3219

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad X, Hand-held GPS____, Survey-grade GPS____
SW ¼ SE ¼, Sec 34 T 9N R 8W
6 Miles W of Waynesboro
(*Distance*) (*Direction*) (*Nearest Town*)

Pump Type (check *one*)

Submersible ☒ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (*describe*): _____
Date Pump Installed: 9-13-2018 Rated Pump Capacity: 45 Gallons Per Minute
Is This Pump (check *one*): ☒ New ☐ Repaired ☐ Replacement

Power Type (check *one*)

Electric ☒ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (*describe*): _____
Horse Power Rating of Motor: 5 Setting Depth: 165 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (*minimum 4 hours*): _____ hours
Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
Method of measurement (*check one*): Steel tape ☐ Electric tape ☐ Air line ☐ Other (*describe*): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: _____
Is This Meter (check *one*): ☐ New ☐ Repaired ☐ Replacement

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BY:

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

David West 0692 — Print Name of Pump Installer and License No. (*if applicable*)
9-20-2018 — Date
Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)