

STATE WELL REPORT

361

County: Wayne
 Permit #: 5496
 Driller: EARL MOSKLEY
 Date drilling completed: 3-15-19

**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)

For Office Use Only:

Well #: G 172
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>LARRY O Tinner</u>	Latitude: <u>31-46 41N</u> Longitude: <u>88 49 22W</u>
Mailing Address: <u>709 EUCATA SHUBUTA RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Waynesboro MS 39367</u>	<u>SW</u> 1/4 NW 1/4, Sec <u>5</u> T <u>9N</u> R <u>8W</u>
City _____ State _____ Zip Code _____	<u>15</u> Miles <u>west</u> of <u>Waynesboro</u>
Telephone No. <u>(601) 381 1397</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 3-14-19 Date drilling completed: 3-15-19 Hole depth: 170 Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COUNTY LAKE DESHARRO

Method of dosing and volume of Chlorine used in drilling and development: 402 HTH PER 1000

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): N/A

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 all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 82 feet above or below land surface Date measured: 3-19-19

(check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____

Well depth: 175 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 135 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: N/A feet Screen diameter: N/A inches Type of screen: N/A

Screen slot size: Open inches Setting depth: From Open Hole 135 feet to 175 feet

Type of completion (check all applicable) 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

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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:

Aquifer: _____

Well #: 6 172

Elevation: _____

County: Wayne
Permit #: 5496
Driller: EARL MASSELEY
Date completed: 3-15-19
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 at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>LARRY O. TIMMER</u>	Latitude: <u>31.46° 41' N</u> Longitude: <u>88.49 22 W</u>
Mailing Address: <u>209 SHUBUTA GUCHTA RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>WAYNESBORO MS 39367</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 NW 1/4 Sec 5 T 9 N R 8 W</u>
Telephone No. <u>(601) 381-1397</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>15 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 _____	Electric Motor: _____ Hand: _____ Tractor PTO: _____
Centrifugal: Rotary _____ Flowing Well _____	Windmill: _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>3-19-19</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>13</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-20-19</u>	Air Line _____ Electric Measuring Line <input checked="" type="radio"/> Steel Tape _____
Static Water Level (A): <u>82</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured start in head: _____ feet
Drawdown (B)-(A): <u>38</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>24</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 MASSELEY 5496 Earl Masseley
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

County: Wayne
Permit #: 5496

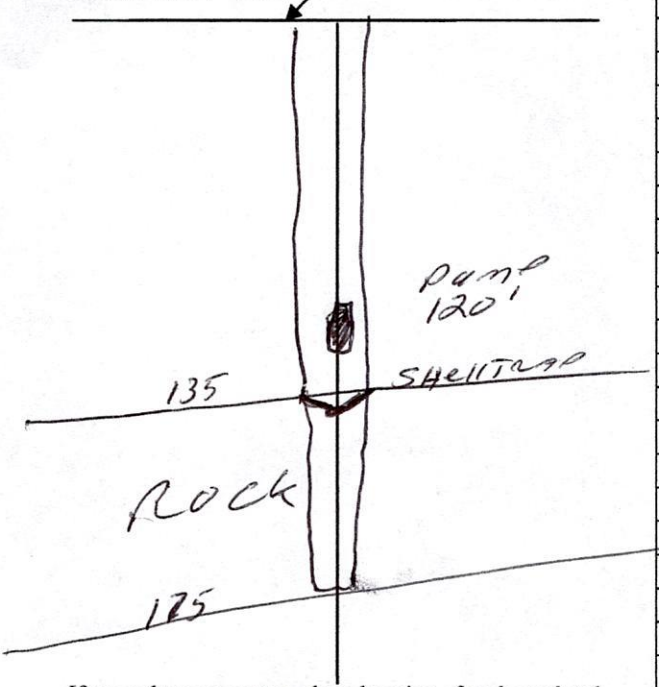
For Office Use Only:
Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Ground Level



Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	2
RED SAND	2	20
WHITE SAND	20	70
Blue clay	70	82
Rock	82	84
CLAY	84	85 88
Rock	85	88
Clay	88	90
Rock	90	94
Blue clay	94	135
ROCK	135	165
SOFT LIME	165	175

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) north arrow

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Landowner Name: _____

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.

Earl Masley
Print Name of Responsible Licensee and License No.

5-15-19
Date

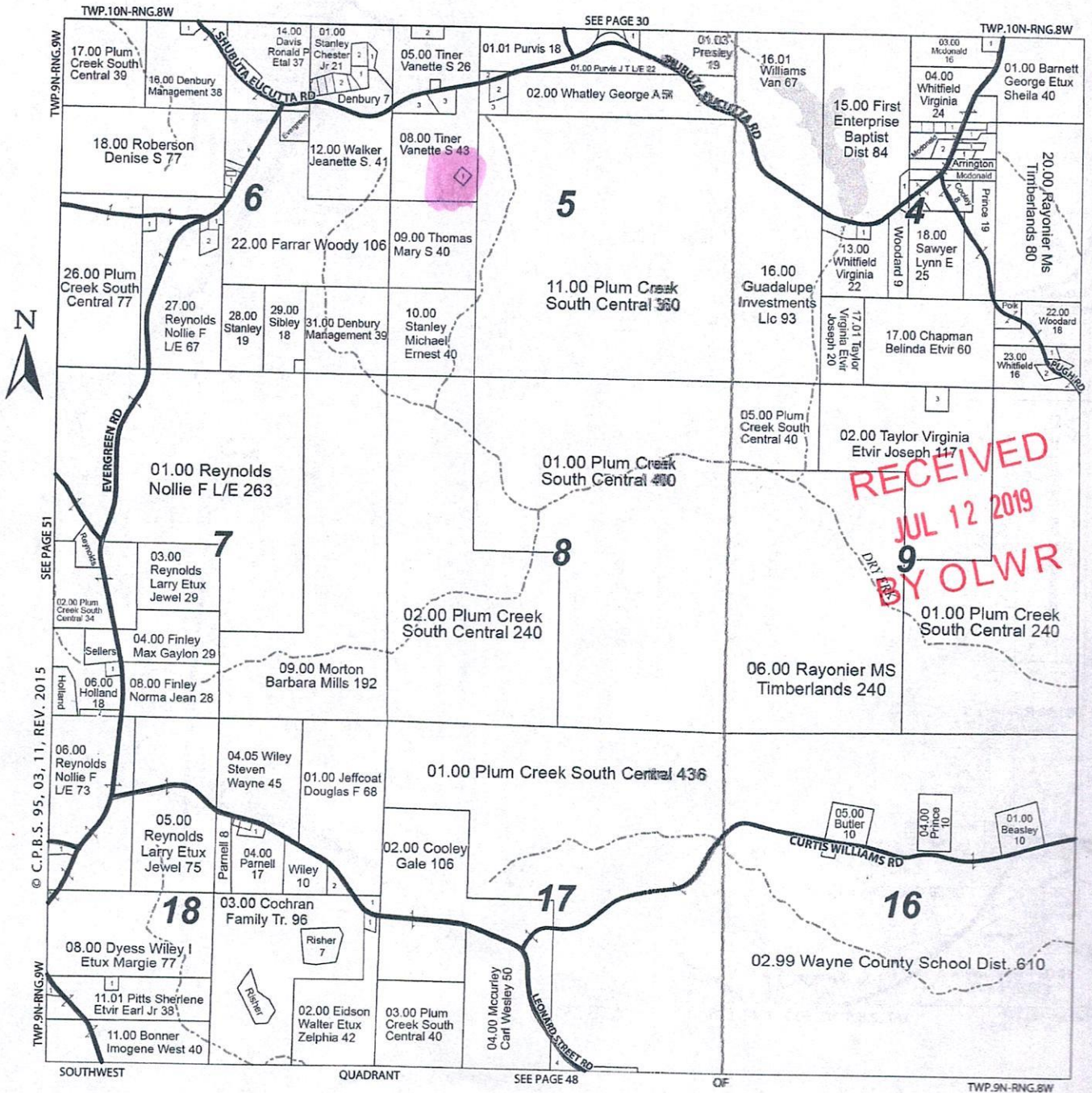
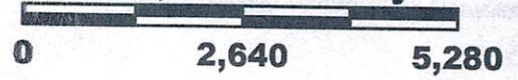
Signature of Licensee

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

WAYNE COUNTY, MISSISSIPPI

Scale 1:27,000

1 Inch = 2,250 US Survey Feet



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SEE PAGE 51

SEE PAGE 30

SEE PAGE 48

