	State V	Vell Report			
County: in Ayre	Part 1 -	Driller's Log	For Office Use Only:		
Permit #: 5496	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:		
Driller: EARL MOSEICY	P.O.	Box 2309	Well #:		
Date drilling completed: 5-10-16		n, MS 39225 961- 5210	L. S. Elevation.		
Date timing completed.		1- 5228 (fax)	E-log #:		
State Law requires that this report	t be prepared by the lic	ense holder responsible for t	he work and Blad with the		
Department at the above address Information on Well O	within 30 days of com	pletion of drilling of the well	or borehole.		
(Landowner if borehole is not fo	wner r a water well)		rehole Location		
Owner Name PATRICACUMM,		Latitude: 3/0 42,860	" Longitude: <u>5842. 386</u>		
Mailing Address: 2/95 WAY	ine source	Method of Lat/Long (circle on	· · · · · · · · · · · · · · · · · · ·		
SHUBUTA RO		N USGS quad, Hand-held	GPS, Survey-grade GPS		
City State		SE 1/4 / Sec 29	Twn 9.2 Rng 7cm		
	Zip Code	Distance Direction 4 Miles 4 37 o	Nearest Town of Waynes 3020		
Telephone No. ()			wingras sons		
	Well / Bore	hole Data			
Date drilling started: 5-10-11 Date drill	ling completed: 5-12-	4 Hole depth: 215	Hole diameter: 4''		
Location of the source of any surface water Method of dosing and volume of Chlorine	used in drilling and develo	opment: 4 02 H	TH Per wow EAM		
	Logs run (circle all applicable): (No log run Electric Gamma Ray Density Sonic Neutron Others				
Purpose of borehole (check one): Water Wel	IX Geotechnical/Geolo	gical Investigation Ground S	Source Heat Pump		
	rveyOther (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: 139 feet above or below (circle one) land surface Date measured: 5-12-16					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 2/5 Well grouted to a depth of 10 feet Type of grout (circle one): Near Cement Bentonite Mix					
Casing length: 180 feet Casing diameter: 4 inches Type of casing: DVC					
Screen length: Of Hole feet Screen diameter: 4 inches Type of screen: Dic					
Screen length: Of Hule feet Screen diameter: 4" inches Type of screen: Pic Screen slot size: N/A inches Setting depth: From 1502 feet to 215 feet					
Type of completion (circle all applicable): Gravet packed Underreamed Telescoped Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing:	feet. <i>If teles</i>	coped or more than one screen.	describe on next page		

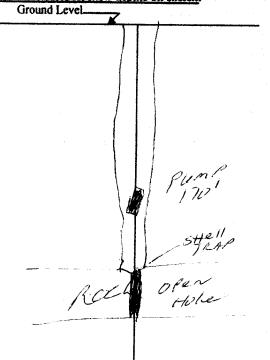
Form: OLWR 1200 Prod

feet. If telescoped or more than one screen, describe on next page

JUL 07 2016

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

escription of Formations Encountered	From (depth)	10 (achin)
TOP 501L	Ground Level	
RED SAND		10
Five WHITESAN	2 10	35
Course GAND	35	57
Kellow GRAY Clay	57	61
3000	ci	64
Blue Clay	64	115
SOFT Blue Clay	115	120
GRAYCHAY	120	132
rock	132	134
(127	13493	1991
Rock	173	144
Clay	144	146
ROCK	146	148
Clay	148	149
Rock	149	150
C1.27	150	180
Honey cove Rock	1812	215
/		

If more than one screen, show location of each on sketch

1 8	perty layout and include the following: 1) the well location; 2) any uid in locating the well; 3) any roads, power lines, or other items the	permanent structures on the property that may at may aid in locating the property and the well;
They cost	Li 3euly BASTIST BASTIST CH.	HOUSE WELL WBATA Q.D.
WAYNA 5 YEA Landowner Na	SALING ST HWY 45 NONTH	Form: OI WP SWP 14 (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 Earl Mareley

EARL MOSFIFY 5496

Print Name of Responsible Licensee and License No.

Date

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 #: 12	
Elevation:	

Copy information from block on Part 1

County: wayne

Permit #: 5496

Date completed: 5 - 12 - 16

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: PATRICA CH.nn, ngsn Latitude: 31. 42. 860 Longitude: 88. 42. 386 Mailing Address: 3/95 way. 2000 Method of Lat/Long (check one): Conventional Survey____, USGS quad ___, Hand-held GPS ___, Survey-grade GPS___ SE 4 NW 4 Sec 29 T 9N R 7W Distance Direction Nearest Town 4 Miles nest of intyresson Telephone No. (____)_ Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Electric Motor Turbine Hand Tractor PTO Flowing Well Centrifugal Rotary Windmill Other (specify): ____ Horse Power Rating of Motor: 1/2 140 Other (specify): Date Pump Installed: 5-13-16 Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 5-13-16Air Line Electric Measuring Line Steel Tape Static Water Level (A): 137 Feet Below Land Surface Other (specify): Pumping Water Level (B): 2152 Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface For flowing well, measured shut in head: feet Test Pumping Rate: /2 Gallons Per Minute Well yielded _____ GPM with a drawdown of Duration of Pump Test (minimum 4 hours): ______hours _____feet after _____hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of	• •	Received
EARL MUSRICY 5496	Garl Mon	along
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	JUL 0 7 2016
	Form:	OLWR-SWR-1B (04/08)

orm: OLWR-SWR-1B (04/08)

By OLWR