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County: Wayne
 Permit #: 5496
 Driller: EARL MOSELEY
 Date drilling completed: 4-25-17

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 39226
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: H 213
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>GEORGE M. HILL</u> Mailing Address: <u>23 OAK WOODLAND EXOR</u> <u>WAYNESBORO MS 39267</u> City State Zip Code Telephone No. () <u>601-735-1800</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>88° 43' 938"</u> Longitude: <u>31° 41' 891"</u> Method of Lat/Long (circle one): <u>56</u> Conventional Survey <u>56</u> USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 31</u> Twn <u>9N</u> Rng <u>7W</u> Distance Direction Nearest Town <u>3</u> Miles <u>WEST</u> of <u>Waynesboro</u></p>
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Well / Borehole Data

Date drilling started: 4-25-17 Date drilling completed: 4-26-17 Hole depth: 105' Hole diameter: 4"
 Location of the source of any surface water used for drilling: 837 COUNTY LAKE DRIFAN RD
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 HTH PRE 1000 GALL
 Logs run (circle all applicable): (No log run) 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

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Purpose of Well (check one): Home _____ Industrial Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) Chicken House BY OLWR

Static Water Level: 53' feet above or below (circle one) land surface Date measured: 4-26-17

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

Well depth: 105 Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

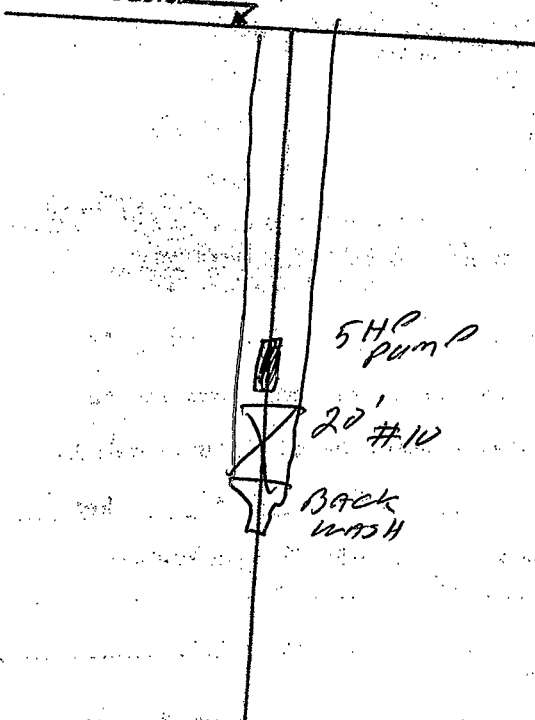
Screen slot size: #10 inches Setting depth: From 85 feet to 105 feet

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

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

Description of Formations Encountered	From (depth)	To (depth)
SAND	Ground Level	32
fine med sand	32	70
Red gravel	70	80
coarse sand	80	125

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.

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 #: _____
 Elevation: _____

County: Wayne
 Permit #: 5496
 Installer: EARL MOSELEY
 Date completed: 4-25-17
 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

Owner Name: GEORGE MILLEN
 Mailing Address: 23 OAK WOODLAND DR
Waynesboro MS 39367
 City State Zip Code
 Telephone No. (601) 735 6800

Well Location

Latitude: 88.43938 Longitude: 31.41941
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
SE 1/4 SW 1/4 Sec 31 T 9N R 7W
 Distance Direction Nearest Town
3 miles west of Waynesboro

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Pump Type Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 4-28-17
 Rated Pump Capacity: 45 Gallons Per Minute

Power Type Circle one

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Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 5 HP
 Setting Depth: 80 feet
 Number of Stages: _____

Pump Test Data

Date Well Tested: 4-28-17
 Static Water Level (A): 53 Feet Below Land Surface
 Pumping Water Level (B): 80 Feet Below Land Surface
 Drawdown [(B) - (A)]: 27 Feet Below Land Surface
 Test Pumping Rate: 52 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

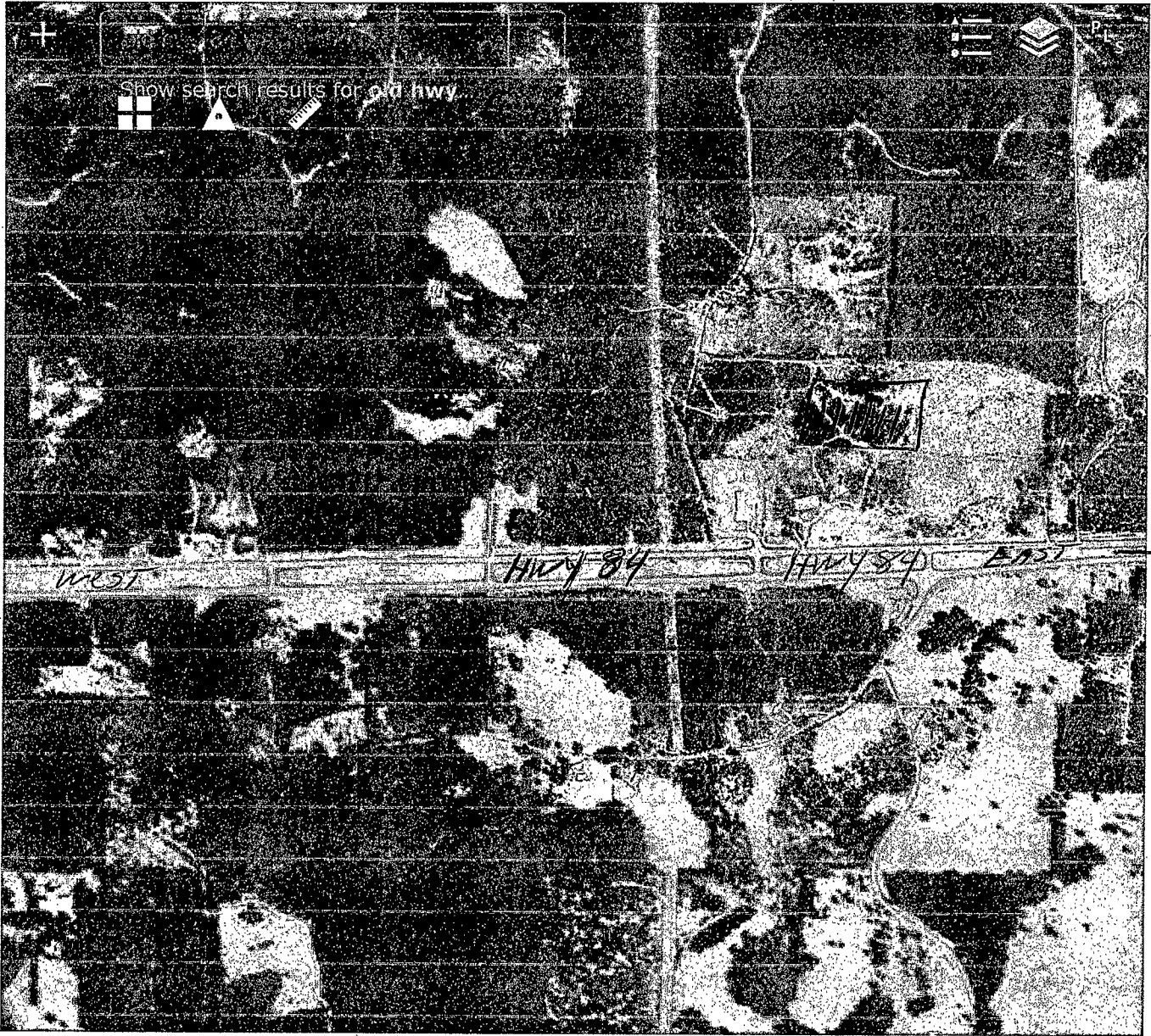
Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured short in head _____ feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

EARL MOSELEY 5496
 Print Name of Pump Installer and License No. (if applicable)

Earl Moseley
 Signature of Pump Installer



Georgia Miller

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BY OLWR

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