

County: Wayne  
 Permit #: 5496  
 Driller: EARL ROSELEY  
 Date drilling completed: 5-3-17

**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 39225  
 (601)981-5210  
 (601)981-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: H214  
 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: DON CLARK  
 Mailing Address: 710 OLD HWY 84  
WAYNESBORO MS 39367  
 City State Zip Code  
 Telephone No: (601) 410 7086

**Well or Borehole Location**  
 Latitude: 88° 716' Longitude: 31° 704'  
88-42-56 31-42-14  
 Method of Lat/Long (circle one): Conventional Survey  
 USGS quad, Hand-held GPS, Survey-grade GPS  
SE 1/4 SE 1/4 Sec 32 Twn 9N Rng 7W  
 Distance Direction Nearest Town  
3 Miles west of Waynesboro

**Well / Borehole Data**  
 Date drilling started: 5-1-17 Date drilling completed: 5-3-17 Hole depth: 225 Hole diameter: 4"  
 Location of the source of any surface water used for drilling: 837 COUNTY LAKE DR WYN R.D.  
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 HIGH PPM LIQUID GAN  
 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*

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  
 Static Water Level: 55 feet above or below (circle one) land surface Date measured: 5-3-17  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 225 Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 174 feet Casing diameter: 4" inches Type of casing: PVC  
 Screen length: \_\_\_\_\_ feet Screen diameter: 4" inches Type of screen: PVC  
 Screen slot size: M/A inches Setting depth: From 174 feet to 225 open hole 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*

RECEIVED

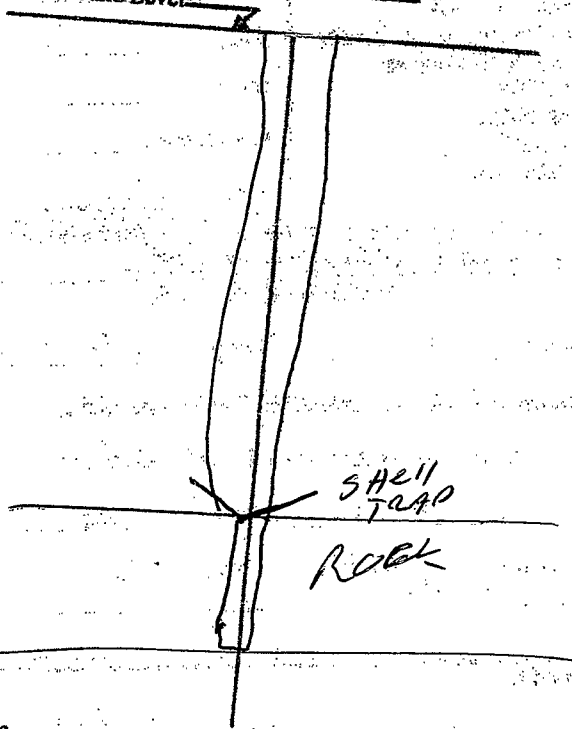
Form: OLWR-SWR-1A (04/08)

JUN 26 2017

BY OLWR

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) Ground Level	To (depth)
TUR SWEL		
Pine SAND	02	2
SAND & Clay	45	95
Blue Clay	60	60
Rock	92	92
GRAY clay	93	93
Clay	99	99
Rock	110	110
Clay	111	111
Rock	114	114
Clay	120	120
Rock	122	122
Clay	123	123
Rock	128	128
Clay	129	129
Rock	131	131
Clay	133	133
Rock	174	174
	225	225

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.

*[This area is mostly blank with faint ghosting of text from the reverse side of the page.]*

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.

Print Name of Responsible Licensee and License No. EARL MOSLEY 5496

Date

Earl Mosley  
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)

County: Wayne  
Permit #: 5496  
Driller: EARL MOSELEY  
Date completed: 5-1-17  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

*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 18 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>DYAN CLARK</u>	Latitude: <u>88.716</u> Longitude: <u>31.704</u>
Mailing Address: <u>710 OLD HWY 84</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Wayne 33020 MS 39367</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 32 T 9 N R 7 W</u>
Telephone No. <u>(601) 410 7086</u>	Distance Direction Nearest Town
	<u>3 miles west of waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Bucket <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Other (specify): _____	Electric Motor <input checked="" type="checkbox"/>
Date Pump Installed: <u>6-16-17</u>	Hand <input type="checkbox"/>
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Tractor PTO <input type="checkbox"/>
	Windmill <input type="checkbox"/>
	Other (specify): _____
	Horse Power Rating of Motor: <u>1 HP</u>
	Setting Depth: <u>160</u> feet
	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-16-17</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>55</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	<input checked="" type="checkbox"/> Steel Tape
Drawdown [(B) - (A)]: <u>105</u> Feet Below Land Surface	Other (specify): <u>RECEIVED</u>
Test Pumping Rate: <u>17</u> Gallons Per Minute	<u>JUN 26 2017</u>
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	For flowing well, measured static in head _____ feet
	Well yielded <u>BY OLWR</u> 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      Earl Moseley  
Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer



Dyan Clark

RECEIVED  
JUN 28 2007  
BY OLWR

600ft

-88.708 31.706 Degrees

88-716-31 704 well AT