

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: R. Cain  
 Date drilling completed: 11-28-12

**State Well Report**  
**Part I - Driller's Log**  
 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 #: J148  
 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)	Well or Borehole Location
Owner Name: <u>Hugh Holder</u>	Latitude: <u>31.46.01</u> Longitude: <u>88.37.24</u>
Mailing Address: <u>484 Jimmy Ramey Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Conventional Survey, USGS quad, Survey-grade GPS
<u>Waynesboro MS 39367</u>	USGS quad: <u>N 1/4 E 1/4 Sec 18 Twn 9N Rng 6W</u>
City: _____ State: _____ Zip Code: _____	Direction: <u>N</u> Nearest Town: <u>Waynesboro MS</u>
Telephone No. <u>Area 588-5051</u>	Distance: _____ Miles

**Well / Borehole Data**

Date drilling started: 11-26-12 Date drilling completed: 11-28-12 Hole depth: 170 Hole diameter: 2"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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) \_\_\_\_\_

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 11-28-12

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

Well depth: 170 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 160 feet Casing diameter: 2" inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: # 10 inches Setting depth: From 160 feet to 170 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*

*MS Water Well Drilling 0-374*  
*Randall Cain*

Form: OLWR-SWR-1A (04/08)  
 12-13-2012

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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 #: J148  
 Elevation: \_\_\_\_\_

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: P. Cain  
 Date completed: 11-28-12  
*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>Hugh Holder</u>	Latitude: <u>31° 45' 01"</u> Longitude: <u>88° 37' 24"</u>
Mailing Address: <u>484 Jimmy Rainey 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>1/4</u> <input checked="" type="checkbox"/> <u>1/4</u> Sec <u>18</u> T <u>9N</u> R <u>2W</u>
Telephone No. <u>(662) 588-5051</u>	Direction: <u>SW</u> <u>NE</u> of <u>Waynesboro Ms</u>
	<u>6</u> Miles <u>N</u> of <u>Waynesboro Ms</u>

Pump Type	Power Type
Air Lift: <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket: <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal: <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 hp</u>
Date Pump Installed: <u>11-28-12</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>11-28-12</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>105</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>6</u> GPM with a drawdown of
Test Pumping Rate: <u>6</u> Gallons Per Minute	<u>15</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

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

Ms Water Well Drilling Print Name of Pump Installer and License No. (if applicable)  
0-374

P. Cain Signature of Pump Installer  
12-13-2012

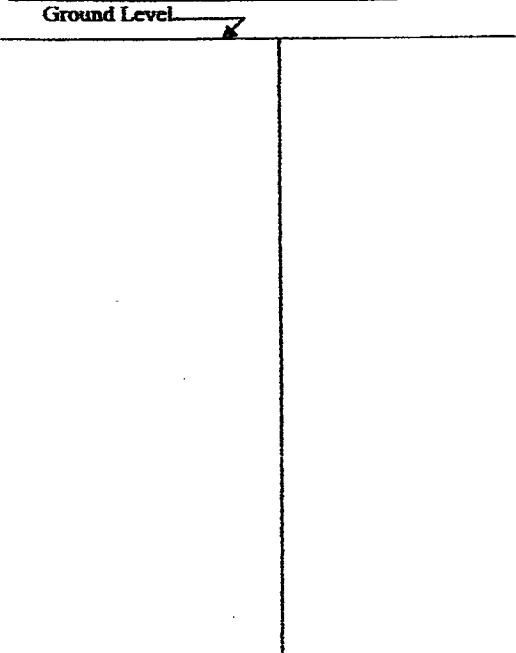
Form: OLWR-SWR-1C (07-09)

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The sketch below only required for water wells

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

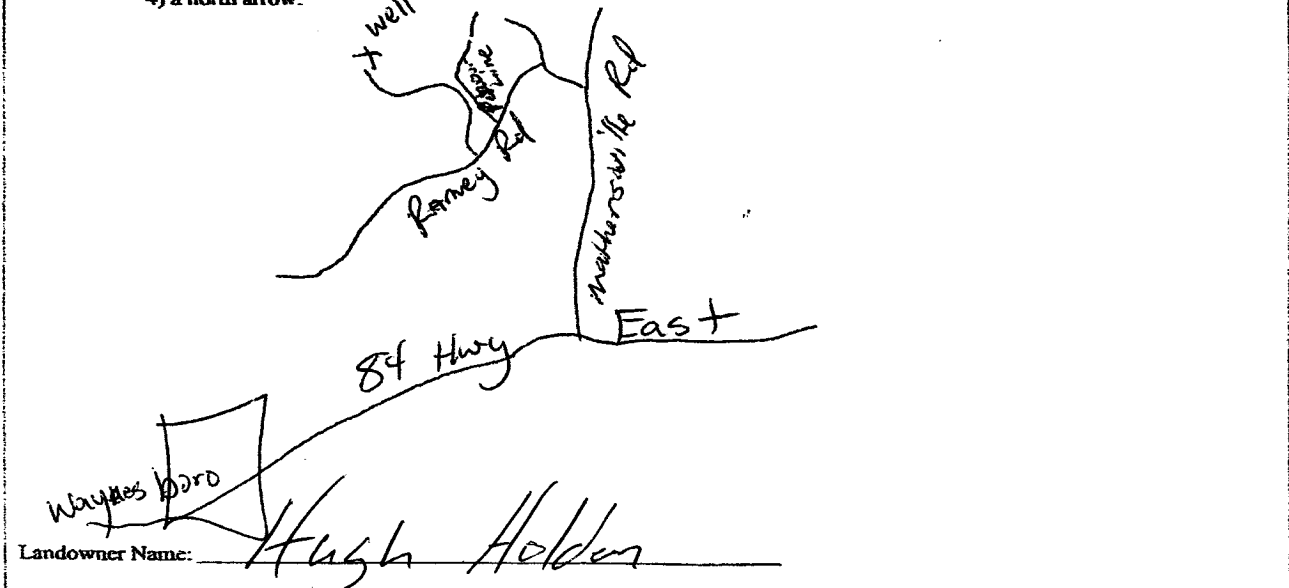
If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth) Ground Level	To (depth)
Top Soil	0	10
sand	10	90
clay	90	150
sand	150	170

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.



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.

MS Water Well Drilling 12-13-2012 Randall Ciani

Print Name of Responsible Licensee and License No.      Date

Signature of Licensee

0-374

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