

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: J151
Aquifer: _____
E-Log #: _____

County: WAYNE
Permit #: 5496
Driller: EARL MOSELEY
Date drilling completed: 9-3-14

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Jim Bowen</u>	Latitude: <u>31-43-02</u> Longitude: <u>88-35-02</u>
Mailing Address: <u>136 TOBYLANDRUM</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>NW 1/4 SW 1/4, Sec 27 9N 6W</u>
Telephone No. <u>(601) 671-0987</u>	<u>4</u> Miles <u>EAST</u> of <u>Waynesboro</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9-3-14</u> Date drilling completed: <u>9-4-14</u> Hole depth: <u>190</u> Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: <u>837 CO. LAKE DEATHAM RD</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>402 HTX PER 1000</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>NA</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>100</u> feet (above or <input checked="" type="checkbox"/> below) land surface Date measured: <u>9-4-14</u> (circle one)
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>190</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Heat Cement <input type="checkbox"/> Bentonite mix
Casing length: <u>140'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>#8</u> inches Setting depth: From <u>30'</u> feet to <u>50'</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

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BY: OLWR

Wayne

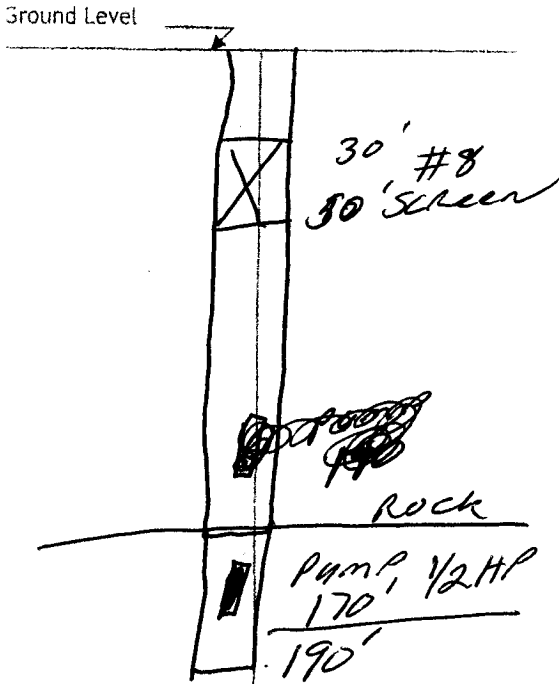
Permit #: 5496

Well #: J151

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)
TOP SOIL	Ground level	1
Red sand	1	15
Coarse sand	15	30
Fine sand	30	45
Coarse sand	45	50
Pink/white sand	50	75
Fine sand	75	84
Gray clay	84	86
Fine tight sand	86	94
Blue clay	94	96
Sand rock	96	97
Blue clay	97	110
Rock	110	111
Clay	111	115
Rock	115	117
Clay	117	120
Rock/Limestone	120	125
Clay	125	127
Rock	127	128
Gray clay hard	131	150
Gray clay soft	150	159
Rock	159	190

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

Waynesboro to 84 East go 3 mile to ~~Point~~ ^{Holley Bush}
~~Waynesboro~~ RD. on RT GO LESS THAN 1/4 mile TO
 TOBY LANDRUM on LT GO 1/2 mile TO DR. on LT

Landowner Name: _____

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, applicable, and state laws.

Earl Moseley 5496 9-4-14 Earl Moseley
 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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: J151
Aquifer: _____

County: WAYNE
Permit #: 5496
Driller: EARL MOSELEY
Date completed: 9-5-14
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>Jim Bowen</u>	Latitude: <u>31-43-02</u> Longitude: <u>88-35-02</u>
Mailing Address: <u>136 TOBY LAMORUM R.D.</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>NW 1/4 SW 1/4, Sec 27 T 9N R 6W</u>
City _____ State _____ Zip Code _____	<u>4</u> Miles <u>EAST</u> of <u>Waynesboro</u>
Telephone No. <u>(601) 671-0987</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 9-5-14 Rated Pump Capacity: 7 Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 1/2 Setting Depth: 170 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
Date Well Tested: 9-5-14 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 100 Feet Below Land Surface Pumping Water Level (B): 140 Feet Below Land Surface
Drawdown [(B) - (A)]: 40 Feet Below Land Surface Test Pumping Rate: 96 gpm Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: _____
Is This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
EARL MOSELEY 5496 9-5-14 Earl Moseley
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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Form: OLWR-SWR-1B (4/13)
OCT 27 2014

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