

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

#### For Office Use Only:

Well #: \_\_\_\_\_  
Aquifer: K48  
E-Log #: \_\_\_\_\_

County: Wayne  
Permit #: 5496  
Driller: EARL MUSTEY  
Date drilling completed: 3-29-13

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Ronnie Lawson</u>	Latitude: <u>N. 31-42-798</u> Longitude: <u>W. 088-28-305</u> <u>31-42-48</u> <u>88-28-18</u>
Mailing Address: <u>16 Walker Road</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>SW 1/4 SE 1/4, Sec 27 T 9N R 18E SW</u>
City _____ State _____ Zip Code _____	<u>12</u> Miles <u>EAST</u> of <u>Waynesboro</u> (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data
Date drilling started: <u>3-27</u> Date drilling completed: <u>3-29</u> Hole depth: <u>120</u> Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: <u>837 County Lake Detention</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>602 HTP = 1200 GAL.</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>N/A</u>
Purpose of borehole (circle one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>86'</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>3-29-13</u> <small>(circle one)</small>
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>120'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>110'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>#10</u> inches Setting depth: From <u>110</u> feet to <u>120</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>
Other (describe): <u>SAND PACK</u>
Top of lap pipe or reduction in casing: _____ feet

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

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BY: OLWR

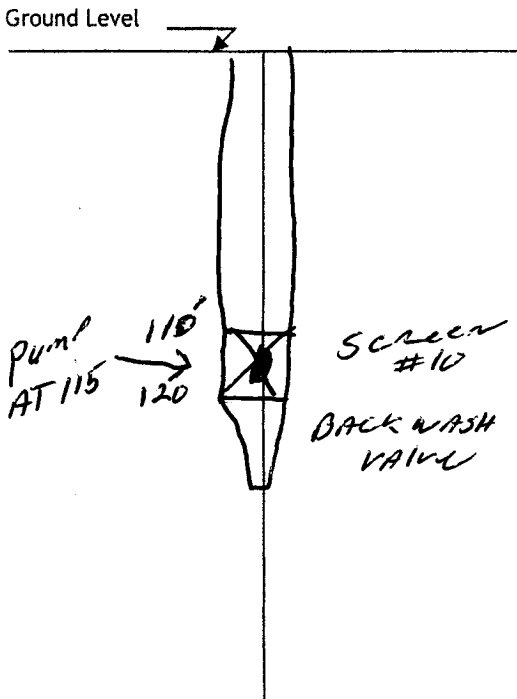
Form: OLWR-SWR-1A (4/13)

County: Wayne  
 Permit #: 5496

**For Office Use Only:**  
 Well #: K48

The sketch below only required for water wells

If well telescopes, show depths on sketch.



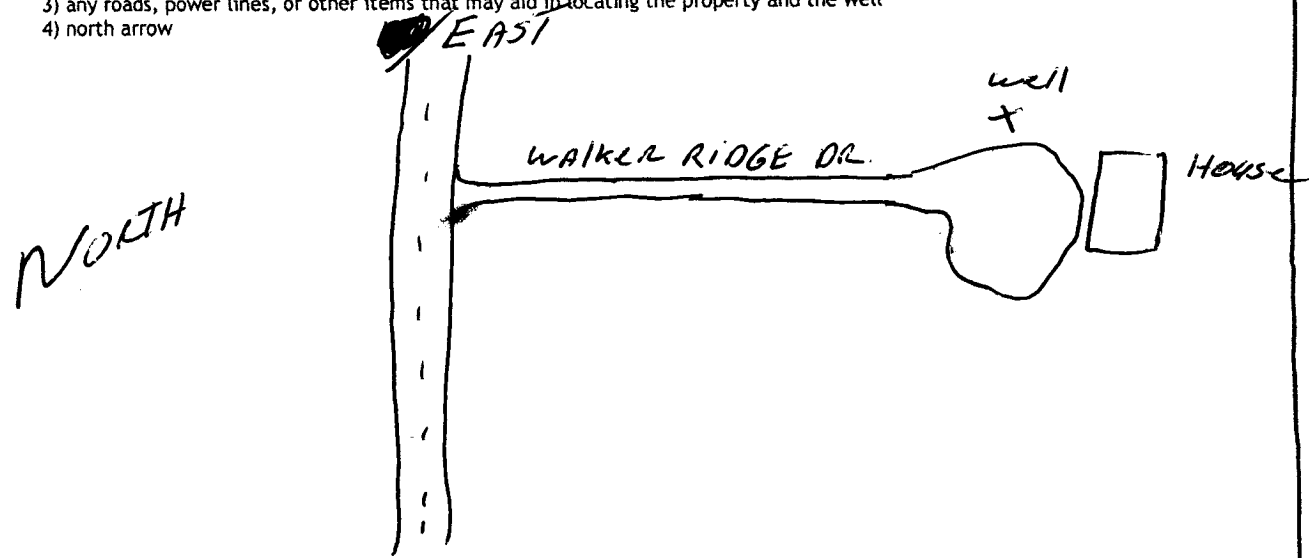
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	2
RED SAND	2	17
WHITE / FINE SAND	17	32
CHALK	32	52
WHITE FINE SAND	52	65
FINE / MED SAND	65	70
<del>COURSE SAND</del>	70	80
MED SAND	80	90
FINE SAND	90	95
FINE / MED SAND	95	102
COURSE SAND	102	104
FINE	104	106
MED / COURSE SAND	106	116
MED SAND	116	120

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



Landowner Name: \_\_\_\_\_

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

**For Office Use Only:**

Well #: 1248  
 Aquifer: \_\_\_\_\_

County: Wayne  
 Permit #: 5496  
 Driller: Earl Moseley  
 Date completed: 4-2-13  
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>Ronnie Lawson</u>	Latitude: <u>N. 31-42-79</u> Longitude: <u>W 089-28-305</u>
Mailing Address: <u>16 Walker Ridge Dr</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>SW 1/4 SE 1/4, Sec 27 T 9N R 18E</u>
City: _____ State: _____ Zip Code: _____	<u>12</u> Miles <u>EAST</u> of <u>Waynesboro</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 4-2-13 Rated Pump Capacity: 10 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: 110' feet Number of Stages: 10

**Pump Test Data for Non Flowing Well**

Date Well Tested: 4-2-13 Duration of Pump Test (minimum 4 hours): 4.5 hours

Static Water Level (A): 86' Feet Below Land Surface Pumping Water Level (B): 105' Feet Below Land Surface

Drawdown [(B) - (A)]: 19' Feet Below Land Surface Test Pumping Rate: 13 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 Date Earl Moseley Signature of Pump Installer

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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