

County: Wayne
 Permit #: 5496
 Driller: EARL MOSELEY
 Date drilling completed: 6-12-18

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2300
 Jackson, MS 39225
 (601)961-5210
 (601)961-5226 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: K49
 L.S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the licensee 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>NELDA BARKS</u>	Latitude: <u>31°N 97W</u> Longitude: <u>88° 29' 50"</u>	Mailing Address: <u>367 Tim Walker</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>88-29-39</u>
City: <u>Waynesboro MS</u> State: <u>MS</u> Zip Code: <u>39367</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>SE ¼ SW ¼ Sec 34 Twn 9N Rng 5W</u>	Telephone No. (601) <u>735 2676</u>	Distance: <u>12</u> Miles Direction: <u>EAST</u> of Nearest Town: <u>Waynesboro</u>

Well / Borehole Data

Date drilling started: 6-10-18 Date drilling completed: 6-10-18 Hole depth: 180 Hole diameter: 4"

Location of the source of any surface water used for drilling: 932 Sandy Lake Drivon Rd
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 HPA per 1000 Gall

Logs run (circle all applicable): 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, file the remainder of this report)

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: 100 feet above or below (circle one) land surface Date measured: 6-12-18

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

Well depth: 180 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: _____ inches Setting depth: From 152-180 feet to open hole feet

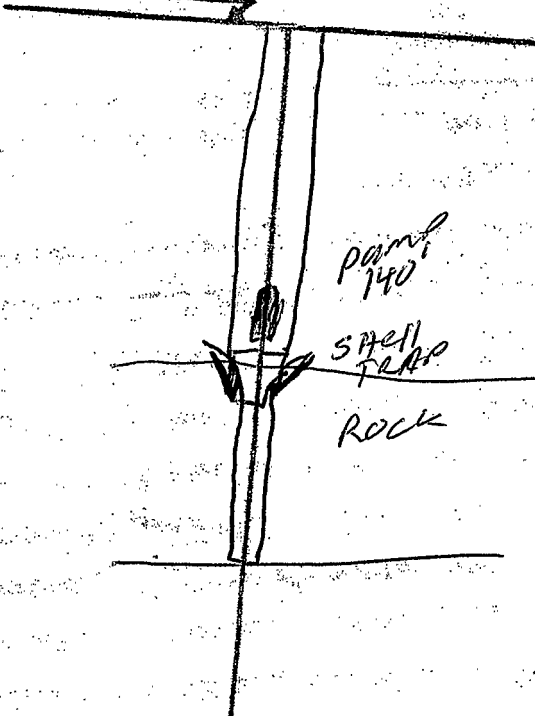
Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ Natural Development _____
 Other (describe): _____

Top of log pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page.*

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The sketch below only required for water wells

If well intercepts, show depth on sketch
Ground Level



Description of Formations Encountered must be provided for all wells and boreholes, unless specifically exempted by regulation

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	0
RED SAND	2	15
WHITE SAND	15	35
PEA GRAVEL	35	45
CORRUG SAND	45	50
FLAT SAND	50	85
SAND	85	98
ROCK	98	99
CLAY SAND	99	103
ROCK	103	103
CLAY	103	111
ROCK	111	153
	153	180

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.

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

Date _____

Signature of Licensee Earl Mosley

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
 Installer: EARL MURLEY
 Date completed: 6-12-18
 Copy information from block on Part I

For Office Use Only:

Applicator: _____
 Well #: KA9
 Elevator: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attached and submitted with this Department of the above within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>NEIDA BAYUS</u>	Latitude: <u>31-11-972</u> Longitude: <u>88-28-650</u>
Mailing Address: <u>367 Jim Walkers</u>	<u>31-41-58</u> <u>88-28-39</u>
<u>Waynesboro MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____
City State Zip Code	USNS quad _____, Wood-bolt GPS <input checked="" type="checkbox"/> Survey grade GPS _____
Telephone No. <u>(601) 735 2676</u>	<u>SE 1/4 SW 1/4 Sec 3A T 9N R 5W</u>
	Distance Direction Nearest Town
	<u>12 Miles EAST of Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>6-12-18</u>	Safety Depth: <u>140</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-12-18</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured static in head: _____ feet
Draw Down (B) - (A): <u>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>15</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Earl Murley 5496 Earl Murley
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Scale 1:27,000

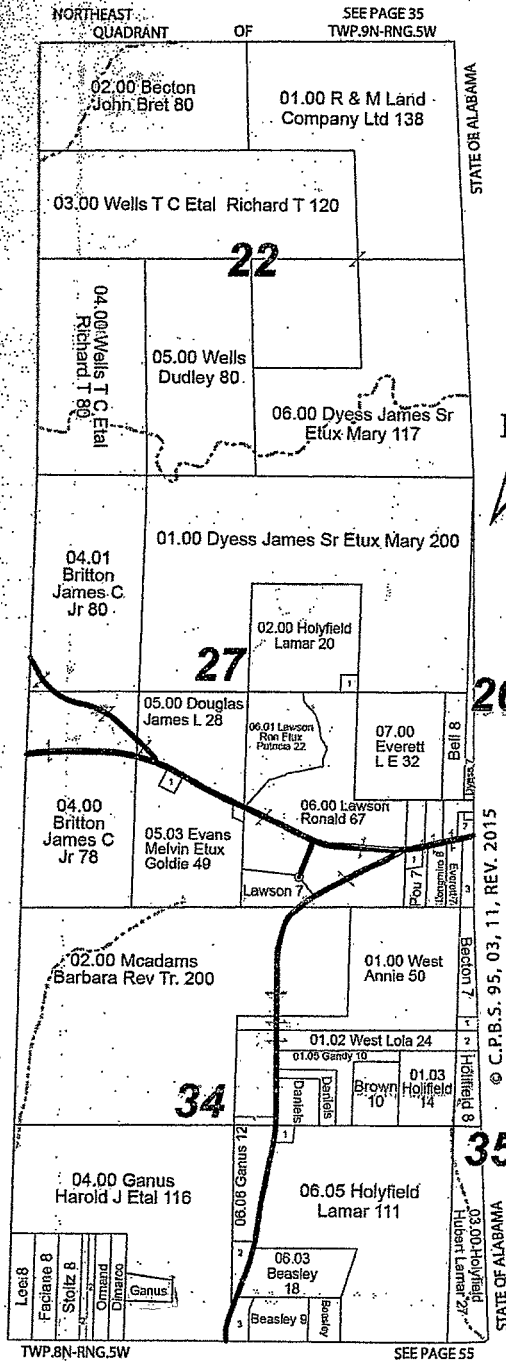
1 Inch = 2,250 US Survey Feet

TWP.9N - RNG.5W (SOUTH)

WAYNE COUNTY, MISSISSIPPI

0 2,640 5,280

K49



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