

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: L101
E-Log #: _____

County: Wayne
Permit #: 5496
Driller: EARL MOSELEY
Date drilling completed: 4-17-13

WELL 1

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>DAVID LINSLEY</u>	Latitude: <u>N 31-37-77</u> Longitude: <u>W 88-54-52</u>
Mailing Address: <u>88 JERRY WATKINS DR</u>	<u>31-37-43</u> <u>88-54-31</u> Method of Lat/Long (check one): Conventional Survey _____
<u>LAUREL</u> <u>MS</u> <u>39443</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SW</u> <u>1/4</u> <u>SW</u> <u>28</u> <u>T 8 N</u> <u>9 W</u>
Telephone No. <u>(601) 433 5965</u>	<u>18</u> Miles <u>WEST</u> of <u>WAYNESBORO</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>4-13-13</u> Date drilling completed: <u>4-16-13</u> Hole depth: <u>205</u> Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: <u>837 COUNTY LAKE DETHAM RD</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>602 OF HTH = 1500 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): <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 type="checkbox"/> Fish Culture <input checked="" type="checkbox"/> <u>POULTRY HOUSE</u>
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>15</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>4-16-13</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>205</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>185</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>10' #10 10' #8</u> inches Setting depth: From <u>185</u> feet to <u>205</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 checked="" type="checkbox"/> <u>SAND PACKED</u>
Other (describe): <u>SAND PACKED</u>
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

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MAY 02 2013

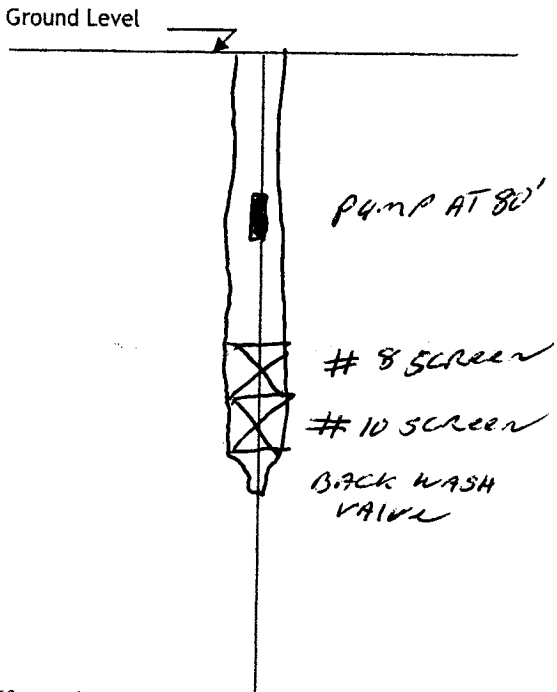
BY: OLWR

County: Wayne
 Permit #: _____

For Office Use Only:
 Well #: L101

The sketch below only required for water wells

If well telescopes, show depths on sketch.



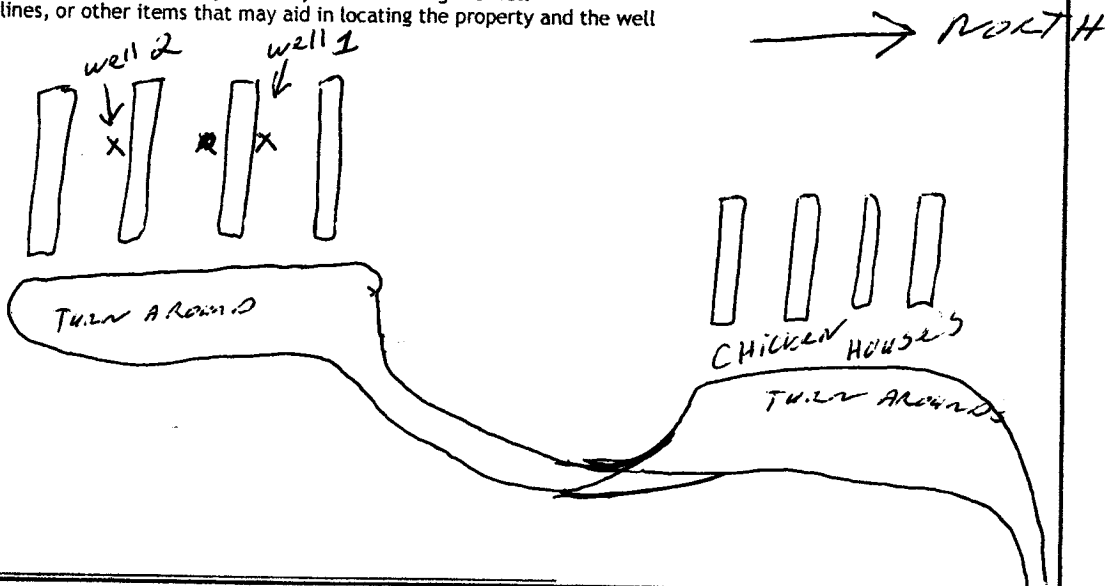
If more than one screen, show location of each on sketch

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)	
	Ground level	
⊙ - CHALK	0	15
FINE SAND	15	19
CHALK	19	59
FINE SAND	59	120
Blue CLAY	120	166
FINE SAND	166	180
FINE/MED SAND	180	200
MED/COURSE SAND	200	205

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.

Print Name of Responsible Licensee and License No. _____ 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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: L101
 Aquifer: _____

County: Wayne
 Permit #: 5496
 Driller: Earl Mosley
 Date completed: 4-22-13
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 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>DAVID Linsley</u>	Latitude: <u>N. 31-37-717</u> Longitude: <u>W 088-54-521</u>
Mailing Address: <u>88 Jerry WALTER DR</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>WAYLAUREL MS</u> <u>39443</u>	<u>SW</u> 1/4 <u>NW</u> 28, Sec. _____, T. <u>8N R 9W</u>
City _____ State _____ Zip Code _____	<u>18</u> Miles <u>WEST</u> of <u>WAYNESBORO</u>
Telephone No. <u>(601) 433 5965</u>	(Distance) _____ (Direction) _____ (Nearest Town) _____

Pump Type (circle one)

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

Date Pump Installed: 4-22-13 Rated Pump Capacity: 55 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: 5 HP Setting Depth: 80' feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 4-22-13 Duration of Pump Test (minimum 4 hours): 4:05 hours

Static Water Level (A): 15 Feet Below Land Surface Pumping Water Level (B): 80' Feet Below Land Surface

Drawdown [(B) - (A)]: 60' Feet Below Land Surface Test Pumping Rate: 70 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 Mosley 4-22-13 Earl Mosley
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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 MAY 02 2013
 BY: OLWR