

County: Wayne  
 Permit #: 5496  
 Driller: EARL ROSEBY  
 Date drilling completed: 9-20-17

**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  
 (601)961-5210  
 (601)961-5226 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L108  
 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)

Owner Name: MELVIN MCLAIN  
 Mailing Address: STRINGER ON  
WAYNESBORO MS 39367  
 City State Zip Code

Telephone No.: (601) 735-5561

Well or Borehole Location  
 Latitude: 31° 614' Longitude: 88° 862'  
31-36-S0 88-51-43  
 Method of Lat/Long (circle one): Conventional Survey  
 USGS quad, Hand-held GPS, Survey-grade GPS   
 NE SE  
SE 1/4 NE 1/4 Sec 35 Twn 8N Rng 9W  
 Distance Direction Nearest Town  
18 Miles west of WAYNESBORO

Well / Borehole Data

Date drilling started: 9-17-17 Date drilling completed: 9-18-17 Hole depth: 210 Hole diameter: 4"

Location of the source of any surface water used for drilling: 337 COUNTY LAKE DRIVE RD  
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 HTR PER 100 GALS

Logs run (circle all applicable):  log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running logs: \_\_\_\_\_

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: 13' feet above or below (circle one) land surface Date measured: 9-18-17

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

Well depth: 210 Well grouted to a depth of 10 feet Type of grout (circle one): Neat  Cement  Bentonite  Mix

Casing length: 190 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #8 inches Setting depth: From 190 feet to 210 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

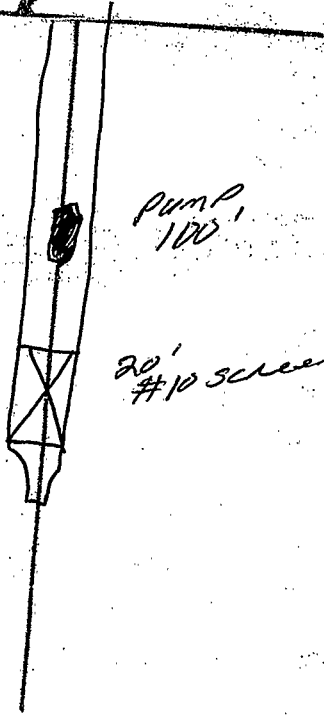
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L108

*The sketch below only required for water wells.*

*If well telescopes, show depths on sketch.*

Ground Level →



*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)
CLAY	Ground Level	3
WHITE SAND	3	21
WHITE CLAY	21	45
Blue clay	45	135
Pink sand	135	145
Pink med sand	145	190
Pink sharp sand	190	190
med course sand	190	210

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.

EARL MOSELEY 5496  
Print Name of Responsible Licensee and License No. \_\_\_\_\_

Earl Moseley  
Signature of Licensee \_\_\_\_\_

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  
(601)961-5210  
(601)961-5228 (fax)

*For Office Use Only:*

Agency: \_\_\_\_\_  
Well #: L108  
Elevation: \_\_\_\_\_

County: Wayne  
Permit #: 5496  
Driller: EARL MOSELEY  
Date completed: 9-20-17  
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	
<p>Owner Name: <u>MELVIN MCCLAIN</u></p> <p>Mailing Address: _____ <u>STRINGER DR.</u> <u>WAYNESBORO MS 39367</u> City State Zip Code</p> <p>Telephone No. <u>(601) 910 - 5561</u></p>	<p>Well Location: <u>31-36-50</u> <u>88-51-43</u></p> <p>Latitude: <u>31-614</u> Longitude: <u>88-862</u></p> <p>Method of Loc/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey grade GPS _____</p> <p><u>SE NE SE</u> <u>SE 1/4 NE 1/4</u> Sec. <u>35</u> T <u>8N</u> R <u>9W</u></p> <p>Distance Direction Nearest Town <u>18</u> miles <u>West</u> of <u>WAYNESBORO</u></p>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <del>Submersible</del>	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"/>	<del>Electric Motor</del> <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>5HP</u>
Date Pump Installed: <u>9-26-17</u>	Setting Depth: <u>100'</u> feet
Rated Pump Capacity: <u>50</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>9-26-17</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>13</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured static in bore: _____ feet
Drawdown [(B)-(A)]: <u>87</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>85</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.

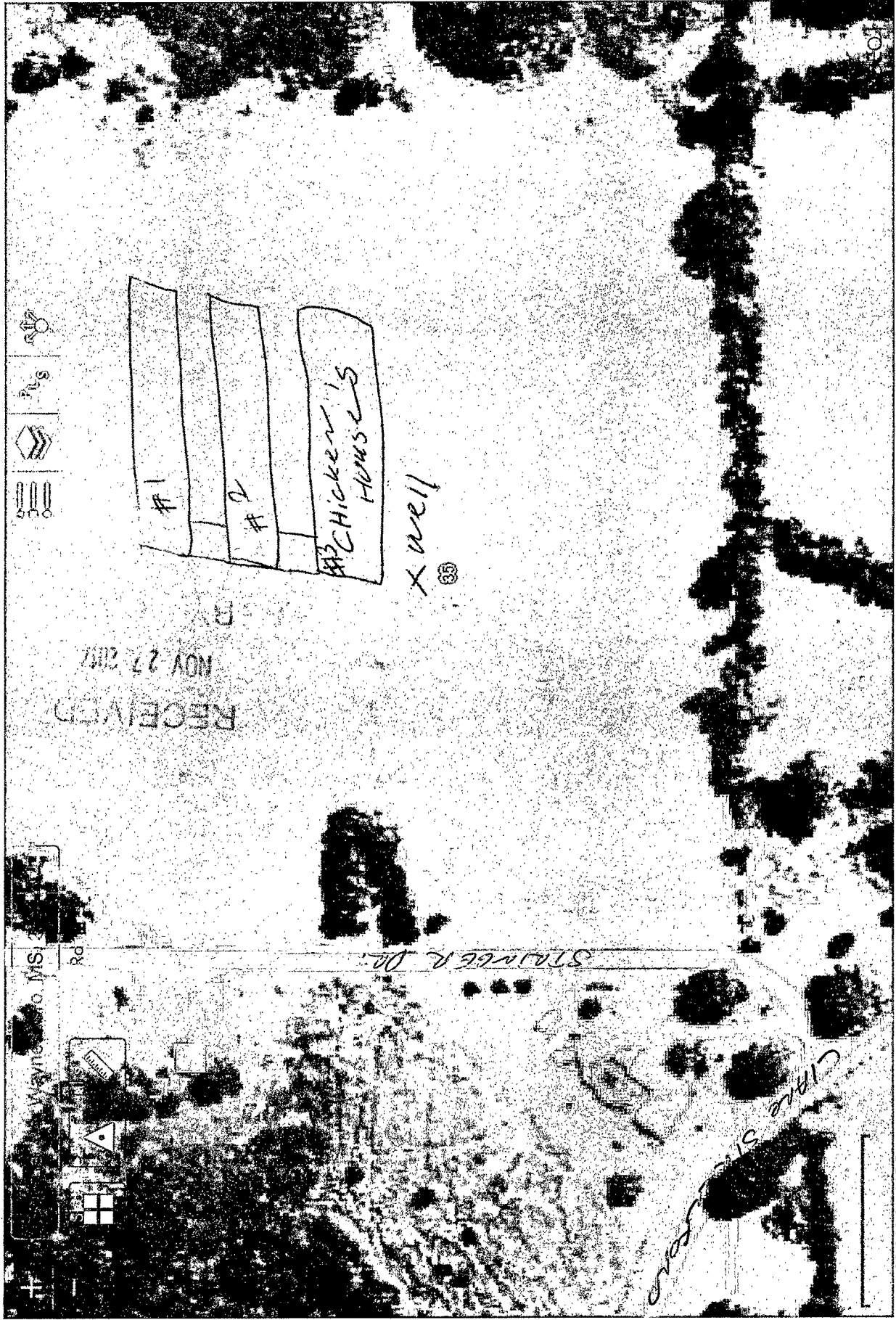
EARL MOSELEY 5496 Earl Moseley  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer



Mississippi Boreholes

MDEQ Office of Geology

Environmental Geology



1108

22

-88.860 31.615 Degrees

