

County: Wayne
 Permit #: 5496
 Driller: EARL ROSEBY
 Date drilling completed: 3-8-17

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)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: L111
 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: <u>JARED HENDRY</u> Mailing Address: <u>97 CAMPBELL RD</u> <u>WAYNESBORO MS 39367</u> City State Zip Code Telephone No. <u>(601)</u>		Well or Borehole Location Latitude: <u>31° 39' 38"</u> Longitude: <u>88° 52' 42"</u> Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 15 Twn 8N Rng 9W</u> SE Distance <u>1.8</u> Miles Direction <u>WEST</u> of Nearest Town <u>Waynesboro</u>	
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Well/Borehole Data

Date drilling started: 3-8-17 Date drilling completed: 3-8-17 Hole depth: 120 Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COUNTY KARE PERHAM RD
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 LTR PER 1000 GAL

Logs run (circle all applicable): (no log run) Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

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BY OLWR

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: 45 feet above or below (circle one) land surface Date measured: 3-8-17

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #8 inches Setting depth: From 110 feet to 120 feet

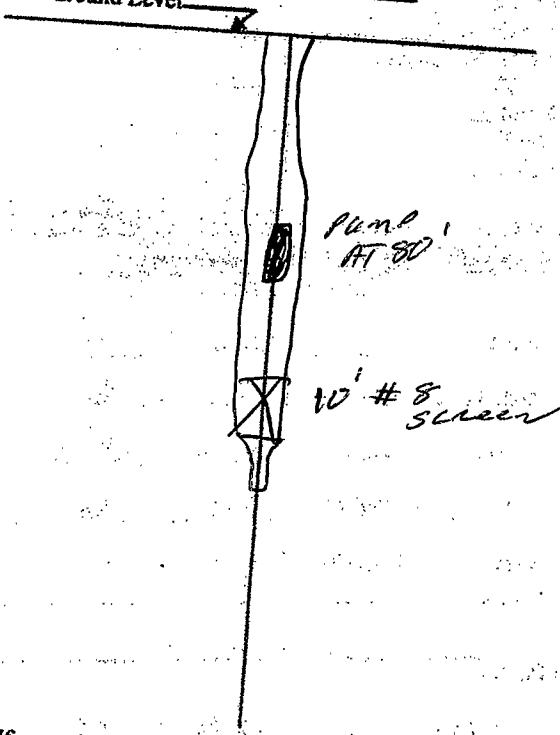
Type of completion (circle all applicable): Gravel-packed Underreamed _____ Telescoped _____ Open hole _____ Natural Development _____
 Other (describe): _____

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

L111

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)	
	Ground Level	
SAND	2	2
Med/Coarse Sand	15	15
CLAY	41	41
SAND ROCK	67	67
GRAY CLAY	70	70
FINE SAND	81	81
SANDY CLAY	87	87
FINE/MED SAND	92	92

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.

Blank area for sketching property layout.

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.

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

County: _____
 Permit #: 5496
 Driller: EARL MOSELEY
 Date completed: _____
Conv information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L111
 Elevation: _____

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>JARED JOHN HERGENY</u>	Latitude: <u>31-39-38</u> Longitude: <u>88-52-42</u>
Mailing Address: <u>97 CAMP BRANCH RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Waynesboro MS 39367</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE 1/4 NE 1/4 Sec 15 T8N R9W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>3-10-17</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>19 GPM</u> Gallons Per Minute	Number of Stages: _____

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Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>3-10-17</u>	Circle one <u>APR 14 2017</u>
Static Water Level (A): <u>45</u> Feet Below Land Surface	Air Line Electric Measuring Line <u>Steel Tape</u>
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>25</u> Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both manual and automated processes. The goal is to ensure that the information is both reliable and up-to-date.

The third part of the report focuses on the results of the analysis. It shows a clear upward trend in the data over the period covered. This indicates that the current strategies are effective and should be continued.

Finally, the document concludes with a series of recommendations for future actions. These include expanding the data collection process to include more sources and improving the reporting structure to provide more detailed insights.

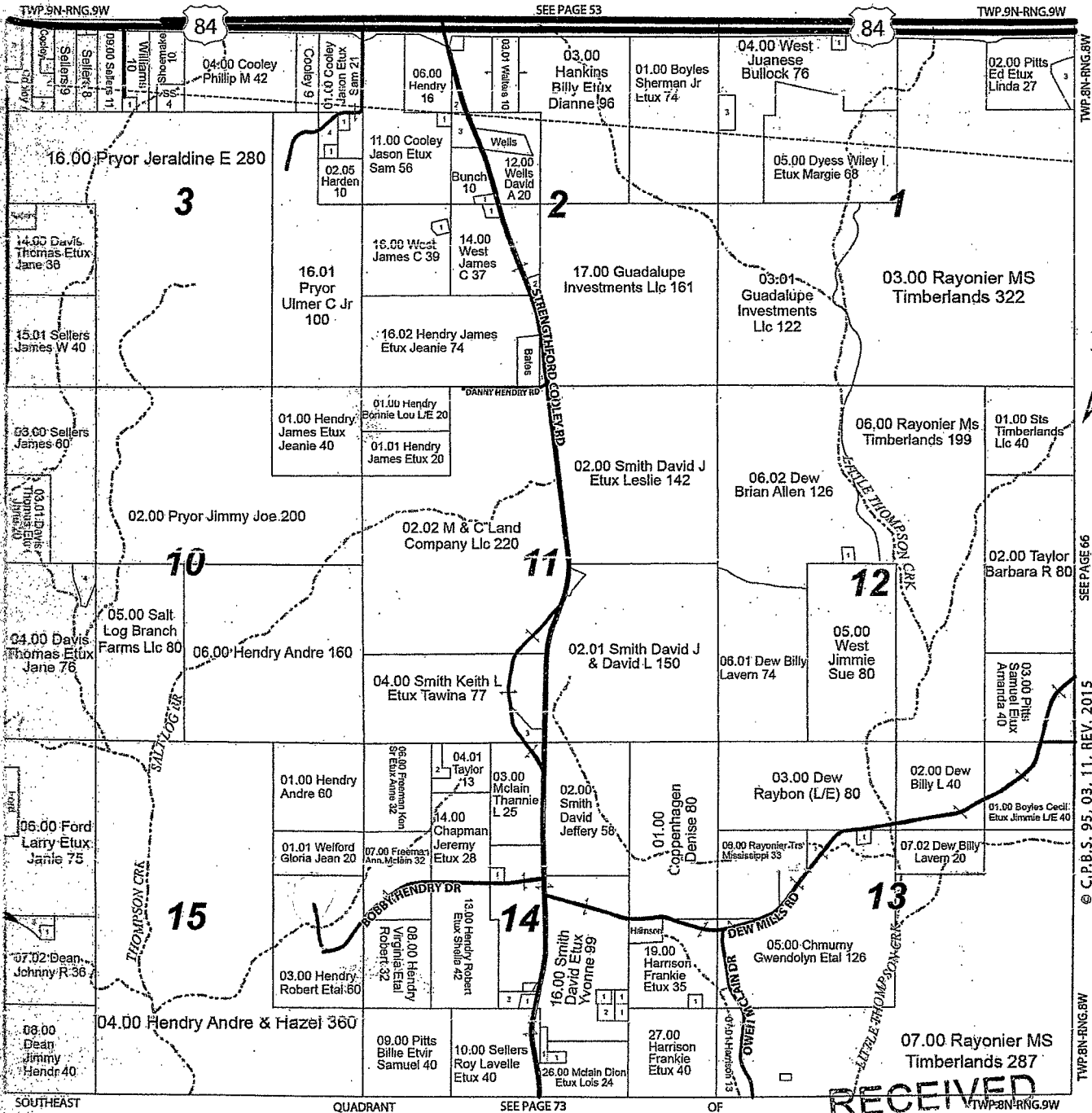
L111

Scale 1:27,000

TWP.8N - RNG.9W (NORTHEAST)

WAYNE COUNTY, MISSISSIPPI

1 Inch = 2,250 US Survey Feet



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