

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)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: L114
 Aquifer: _____
 E-Log #: _____

County: Wayne
 Permit #: _____
 Driller: Dave West
 Date drilling completed: 6-21-2018

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>George Bridges</u>			Latitude: <u>31-41-10</u> Longitude: <u>88-53-41</u>	
Mailing Address: <u>148 Sellers Cooley Rd.</u>			Method of Lat/Long (check one): Conventional Survey _____	
City: <u>Waynesboro</u> State: <u>MS</u> Zip Code: <u>39369</u>			USGS quad <u>X</u> , Hand-held GPS _____, Survey-grade GPS _____	
Telephone No. <u>(601) 428-8801</u>			<u>SW</u> ^{NE} / ₄ <u>SE</u> ^{1/4} / ₄ , Sec <u>4</u> T <u>8N</u> R <u>9W</u>	
			<u>13</u> Miles <u>W</u> of <u>Waynesboro</u>	
			<small>(Distance) (Direction) (Nearest Town)</small>	

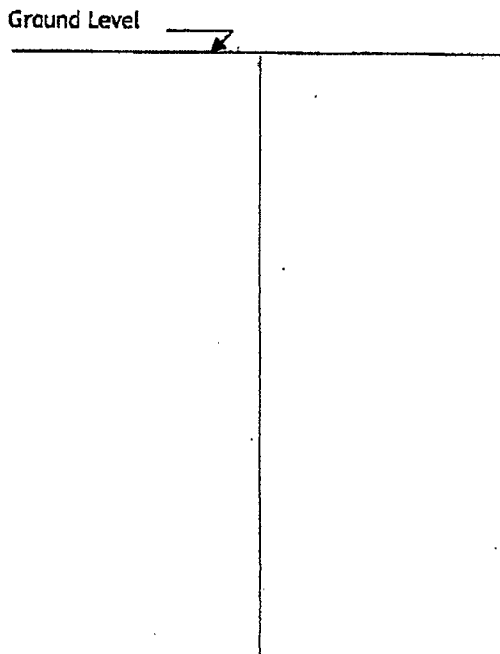
Well / Borehole Data	
Date drilling started: <u>6-21-2018</u>	Date drilling completed: <u>6-21-2018</u> Hole depth: <u>140</u> Hole diameter: <u>6 1/2"</u>
Location of the source of any surface water used for drilling: <u>well water</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>Tab's 500ppm</u>	
Logs run (check all applicable): <input checked="" type="checkbox"/> Log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check 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>11</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>6-21-2018</u>	
<small>(check one)</small>	
Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>Sonar</u>	
Well depth: <u>140</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>130</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>.010</u> inches Setting depth: From <u>130</u> feet to <u>140</u> feet	
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

County: Wayne
 Permit #: _____

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

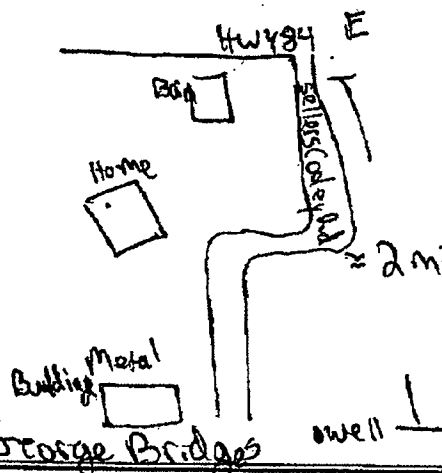


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Sandy Clay	Ground level	22
Clay	22	47
Sand	47	140

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: George Bridges well 1

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.

David West 0678 7-2-2018 David West
 Print Name of Responsible Licensee and License No. 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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: L114
 Aquifer: _____

County: Wayne
 Permit #: _____
 Driller: Dan West
 Date completed: 6-21-2018
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>George Bridges</u>		Latitude: <u>31-41-10</u>	Longitude: <u>88-53-41</u>
Mailing Address: <u>148 Sellers Cordley Rd</u>		Method of Lat/Long (check one): Conventional Survey _____	
<u>Waynesboro</u> <u>MS</u> <u>39367</u>		USGS quad <u>X</u> , Hand-held GPS _____, Survey-grade GPS _____	
City State Zip Code		<u>S1/4 NE 1/4 SE 1/4</u> , Sec <u>4</u> T <u>8N</u> R <u>9W</u>	
Telephone No. (601) <u>428-8801</u>		<u>13</u> Miles <u>W</u> of <u>Waynesboro</u>	
		(Distance) (Direction) (Nearest Town)	

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 6-21-2018 Rated Pump Capacity: 35 Gallons Per Minute
 Is This Pump (check one): New Repaired Replacement

Power Type (check one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 2 Setting Depth: 100 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
 Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
 Method of measurement (check 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 (check 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.

Dan West 0672 7-2-2018 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer