

County: Wayne
 Permit #: 5496
 Driller: EARL ROSELEY
 Date drilling completed: 10-10-18

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)861-5210
 (601)861-8226 (fax)

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For Office Use Only:
 Aquifer: _____
 Well #: L118
 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 of the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>MIKE SHERMAK</u> Mailing Address: <u>CLARA SHERMAK</u> <u>LAUREL MS 39443</u> City State Zip Code Telephone No: <u>601 580 7818</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31.41.48</u> Longitude: <u>88.55.44</u> Method of Lat/Long (circle one): Conventional Survey <input checked="" type="checkbox"/> USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>SE 1/4 NE 1/4 Sec 6 Twn 80N Rng 9W</u> Distance Direction Nearest Town <u>18 Miles West of Wray, MS</u></p>
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Well / Borehole Data

Date drilling started: 10-10-18 Date drilling completed: 10-10-18 Hole depth: 90' Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 County Lake Dr, Laurel, MS
 Method of dosing and volume of Chlorine used in drilling and development: 4.22 HTR P/L 1000 G/L

Logs run (circle all applicable): ~~Log~~ 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, fill the remainder of this block

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: AG

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 10-10-18

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

Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 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 65 feet to 85 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 information or more than one screen, describe on next page*

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2369
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: Wayne
Permit #: 5496
Driller: EARL MOSLEY
Date completed: 10-10-18
Copy information from back on Part 1

For Office Use Only:

Aquifer: _____
Well #: L118
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>MIKE SHOEMAKE</u>	Latitude: <u>31-41-48</u> Longitude: <u>88-55-44</u>
Mailing Address: <u>CLAUDE SHOEMAKE RD</u> <u>LAUREL MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>S1E</u> 1/4 <u>NE</u> 1/4 Sec <u>6</u> T <u>8N</u> R <u>9W</u>
Telephone No. <u>(601) 580 7818</u>	Distance _____ Direction <u>6</u> Nearest Town _____ <u>18</u> miles <u>west</u> of <u>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 1/2</u>
Date Pump Installed: <u>10-12-18</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-12-18</u>	RECEIVED NOV 26 2018 Steel Tape BY OLWR
Static Water Level (A): <u>35</u> Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/>
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	Other (specify): _____
Drawdown (B)-(A): <u>45</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>34</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 MOSLEY 5496 Earl Mosley
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

WAYNE COUNTY, MISSISSIPPI

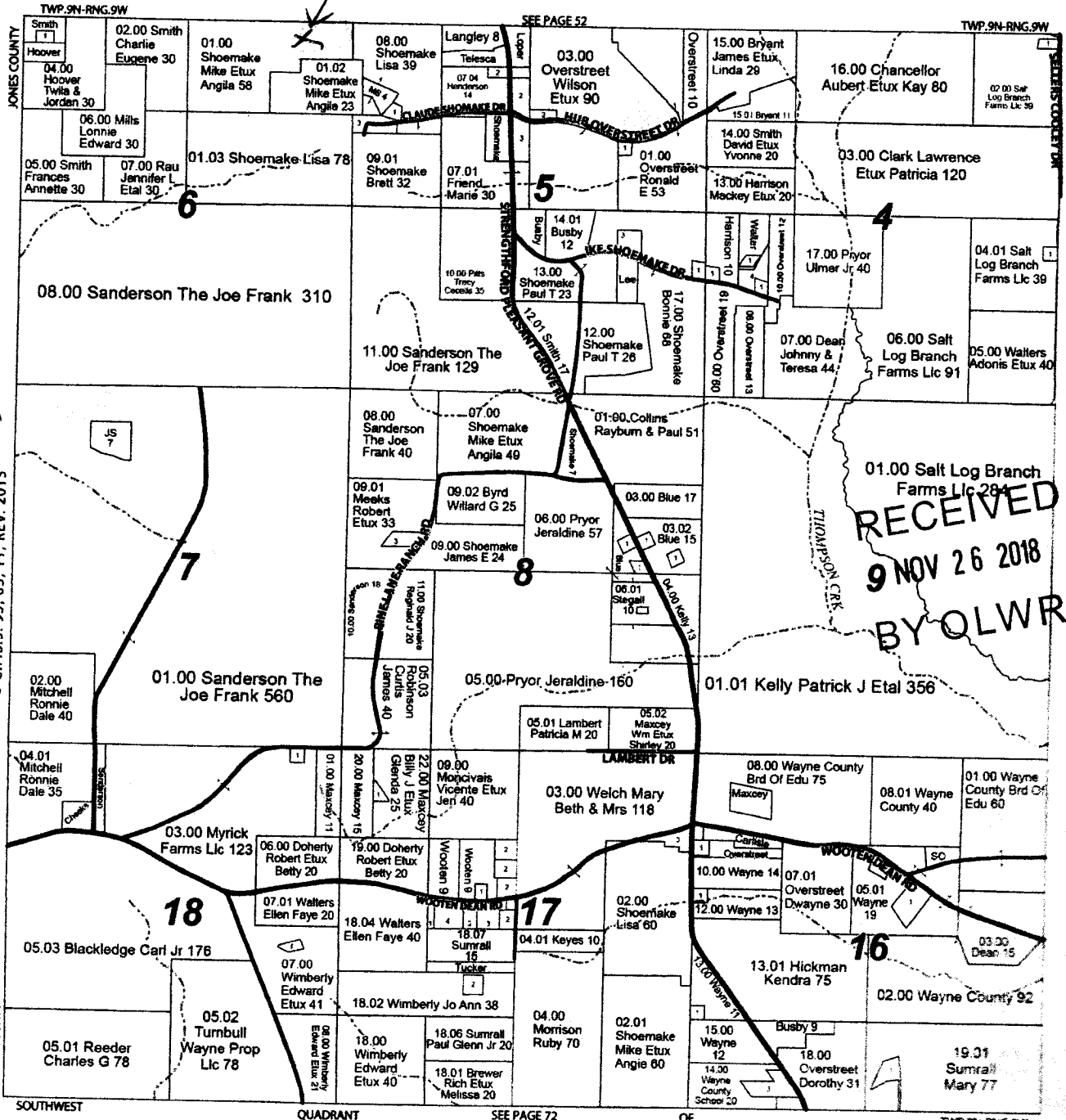
Scale 1:27,000

1 Inch = 2,250 US Survey Feet



L118

new well



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TWP.8N-RNG.9W

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