

DEQ

### State Well Report

Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: WAYNE  
 Permit #: \_\_\_\_\_  
 Driller: A-1 DRILLER  
 Date drilling completed: 1-15-09

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: M-135  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>JAMES MOZINGO</u>	Latitude: <u>31° 41' 32"</u> Longitude: <u>88° 45' 21"</u>
Mailing Address: <u>65 MOZINGO-RICKEY RD</u> <u>WAYNESBORO MS 39367</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>N 1/4 N 1/4 Sec 1 Twn 8N Rng 8W</u>
Telephone No. <u>(601) 735-4689</u>	Distance _____ Miles _____ of _____ Direction _____ Nearest Town _____

Well Data

Purpose of Well (circle one): Domestic Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 1-8-09 Date well drilling completed: 1-15-09

If flowing, method of flow regulation: Valve NA Other (describe) \_\_\_\_\_

Static Water Level: 68 feet above or below (circle one) land surface Date measured: 1-15-09

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

Hole depth: 172' Well depth: 149' Well grouted to a depth of 11 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 139 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 139 feet to 149 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: NA feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Wilbur Baughman 0410 Wilbur Baughman  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
 FEB 05 2009  
 BY: OLWE



DEA

### STATE WELL REPORT

#### Part 2

Pump Installer's Completion Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: M-135

Elevation: \_\_\_\_\_

County: WAYNE  
 Permit #: \_\_\_\_\_  
 Driller: A-1 DRILLER  
 Date completed: 1-15-09

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>JAMES MOZINGO</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>65 MOZINGO -</u> <u>RICHY RD.</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. <u>(601) 735-4689</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>1-15-09</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>68</u> Feet Below Land Surface	Other (specify): <u>SONIC</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Wilbur Baughman 0410 Wilbur Baughman  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 FEB 05 2009  
 BY: OLWR