

STATE WELL REPORT

Part I

Driller's Log

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 #: M137
Aquifer:
E-Log #:

County: WAYNE
Permit #: 5496
Driller: EARL MOSELEY
Date drilling completed:

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 (Landowner if borehole is not for a water well)
Owner Name: LESTER WEBER
Mailing Address: 62 ELVIN PITTS RD
Waynesboro MS 39367
Telephone No. (432) 664-4494
Well or Borehole Location 88° 47' 31.92"
Latitude: 31° 41' 33.36" Longitude: N 288.47.560
Method of Lat/Long (check one): Conventional Survey
USGS quad NE SE 1/4, Sec 4 T 8N R 8W
8 Miles west of Waynesboro (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: 3-27-14 Date drilling completed: 3-27-14 Hole depth: 105 Hole diameter: 4"
Location of the source of any surface water used for drilling: 8370 Lakewood Road
Method of dosing and volume of Chlorine used in drilling and development: 402 HTX per 1000
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s): N/A
Purpose of borehole (circle 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 (circle all applicable): Industrial Public Supply Irrigation Fish Culture
Other (describe):
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 54 feet (above or below land surface) Date measured: 3-27-14
Method of measurement (circle one): Steel Tape Electric tape Air line Other (describe)
Well depth: 105 Well grouted to a depth of: 10 feet Type of grout (circle one): neat cement Bentonite Mix
Casing length: 85 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 85 feet to 105 feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
Other (describe):
Top of lap pipe or reduction in casing: feet

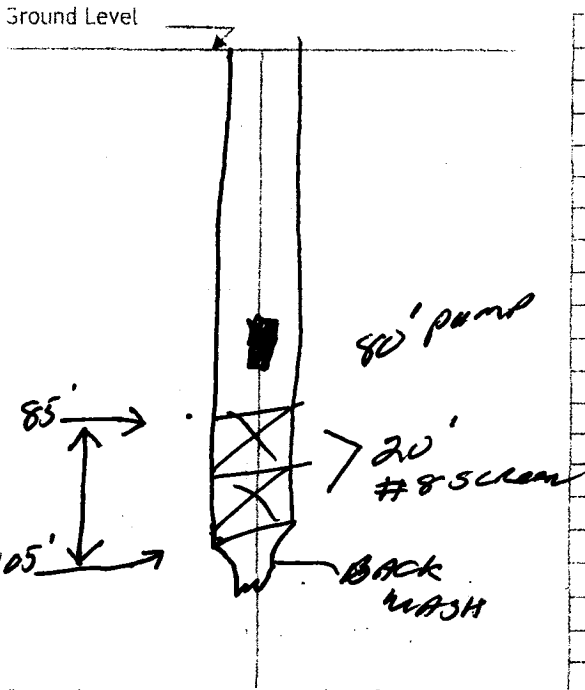
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BY: OLWR

Permit #: 5496

Well #: _____

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)
TOP SOIL	Ground level	2
Red clay	2	9
White sand	9	13
Gray clay	13	15
Fine white sand	15	45
Fine med sand	45	60
Fine sand	60	75
Fine sharp sand	75	95
Med sand	95	105

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

From wagners road go west on 84. About 8 miles turn LT on EARL PITTS RD. Turn back to the RT on ERVIN PITTS DR. GO TO pond on LT House by pond

Property Owner Name: _____

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, applicable, and state laws.

EARL MOSELEY 5496 4-2-14 Earl Moseley
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 #: M137
 Aquifer: _____

County: WAYNE
 Permit #: 5496
 Driller: EARL MOSELEY
 Date completed: 3-27-14
 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 <u>31° 41' 33.36" N</u> <u>88° 47' 31.92" W</u>	
Owner Name: <u>LESTER WEAVER</u>		Latitude: <u>N 31° 52' 38"</u> Longitude: <u>W 88° 47' 50"</u>	
Mailing Address: <u>62 ELVIN PITTS RD</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>WAYNESBORO MS 39367</u>		NE <u>1/4</u> <u>NE</u> <u>1/4</u> , Sec. <u>4</u> T. <u>8N</u> R. <u>8W</u>	
City	State	Zip Code	<u>8</u> Miles <u>WEST</u> of <u>WAYNESBORO</u> (Distance) (Direction) (Nearest Town)
Telephone No. (<u>662</u>) <u>664-4494</u>			

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 4-2-14 Rated Pump Capacity: 19 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 1 HP Setting Depth: 80 feet Number of Stages: 9

Pump Test Data for Non Flowing Well

Date Well Tested: 4-2-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 54 Feet Below Land Surface Pumping Water Level (B): 80 Feet Below Land Surface

Drawdown [(B) - (A)]: 26 Feet Below Land Surface Test Pumping Rate: 24 Gallons Per Minute

Method of measurement (circle 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 (circle 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.

EARL MOSELEY 5496 4-2-14 Earl Moseley
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

BY OLWR