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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)

County: Wayne
 Permit #: 5496
 Driller: FARL ROSELEY
 Date drilling completed: 3-22-17

For Office Use Only:
 Aquifer: _____
 Well #: M139
 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)	Well or Borehole Location
Owner Name: <u>JAMIE RIGNEY</u>	Latitude: <u>31° 38' 34"</u> Longitude: <u>88° 49' 34"</u>
Mailing Address: <u>JOHNNY BOUTWELL RD</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: _____ State: _____ Zip Code: _____	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(601) 410-9077</u>	<u>SW 1/4 Sec 20</u> Twn <u>8N</u> Rng <u>8W</u>
	Distance: <u>12</u> Miles Direction: <u>WEST</u> of <u>Waynesboro</u>

Well / Borehole Data

Date drilling started: 3-22-17 Date drilling completed: 3-22-17 Hole depth: 120 Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COUNTY LAKE DENHAM RD.

Method of dosing and volume of Chlorine used in drilling and development: 4 OZ HTH PER 1000 GAL

Logs run (circle all applicable): No log run 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, 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) Chicken House

Static Water Level: 28 feet above or below (circle one) land surface Date measured: _____

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: 100 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 100 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*

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#1

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: Wayne
Permit #: 5496
Driller: EARL MOSLEY
Date completed: 3-22-17
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: M139
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>Damie Ribrey</u>		<u>31-38-20</u>	<u>88-49-20</u>
Mailing Address: <u>JOHNNY BOUTWELL RD</u> <u>WAYNESBORO MS 39367</u>		Latitude: <u>31.38.342</u>	Longitude: <u>88.49.341</u>
City: _____ State: _____ Zip Code: _____		Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
Telephone No. <u>(601) 410 9077</u>		<u>SW 1/4 SW 1/4 Sec 20 T 8N R 9E</u>	
		Distance: <u>15</u> Miles	Direction: <u>SW</u> of Nearest Town: <u>Waynesboro</u>

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>5 HP</u>		
Date Pump Installed: <u>3-27-17</u>			Setting Depth: <u>80</u> feet		
Rated Pump Capacity: <u>50</u> Gallons Per Minute			Number of Stages: _____		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>3-27-17</u>		<input checked="" type="radio"/> Air Line	<input checked="" type="radio"/> Electric Measuring Line
Static Water Level (A): <u>28</u> Feet Below Land Surface		Other (specify): <u>BY OLWR</u>	
Pumping Water Level (B): <u>80</u> Feet Below Land Surface		For flowing well, measured shut in head: _____ feet	
Drawdown [(B) - (A)]: <u>52</u> Feet Below Land Surface		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
Test Pumping Rate: <u>75</u> Gallons Per Minute			
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 Print Name of Pump Installer and License No. (if applicable)
Earl Mosley Signature of Pump Installer