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County: Wayne
 Permit #: 5496
 Driller: EARL ROSEBY
 Date drilling completed: 3-20-17

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)

For Office Use Only:
 Aquifer: _____
 Well #: M140
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Jane R. Govey</u> Mailing Address: <u>50 Honey Bentway RD</u> <u>Waynesboro MS 39367</u> City: _____ State: _____ Zip Code: _____ Telephone No.: <u>(601) 910-9077</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 38' 37"</u> Longitude: <u>88° 49' 33"</u> <u>31-38-23</u> <u>88-49-20</u> Method of Lat/Long (circle one): Conventional Survey USGS quad, <u>Handheld GPS</u>, Survey-grade GPS <u>SW 1/4 Sec 20 Twn 8N Rng 8W</u> Distance: <u>12</u> Miles Direction: <u>S/W</u> of Nearest Town: <u>Waynesboro</u></p>
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Well / Borehole Data

Date drilling started: 3-20-17 Date drilling completed: 3-20-17 Hole depth: 154 Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 County Lake Drivon RD
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 HTH PC 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: 23 feet above or below (circle one) land surface Date measured: 3-20-17

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

Well depth: 154 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix _____

Casing length: 134 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 134 feet to 154 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*

#2

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: 3-20-17
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: M140
 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>JAMIE RIGNEY</u>	Latitude: <u>31.38376</u> Longitude: <u>88.49337</u>
Mailing Address: <u>JOHNNY BOUTER 1120</u> <u>Wayne 3309 MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW 1/4, SW 1/4 Sec 20 T8N R 8W</u>
Telephone No. <u>(601) 410 9077</u>	Distance _____ Direction _____ Nearest Town _____ <u>12 Miles SW of WAYNESBORO</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input 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>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>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>23</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	RECEIVED
Drawdown [(B) - (A)]: <u>57</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>75</u> Gallons Per Minute	APR 14 2017
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded _____ GPM with a drawdown of _____ feet after <u>OLWR</u> hours of pumping

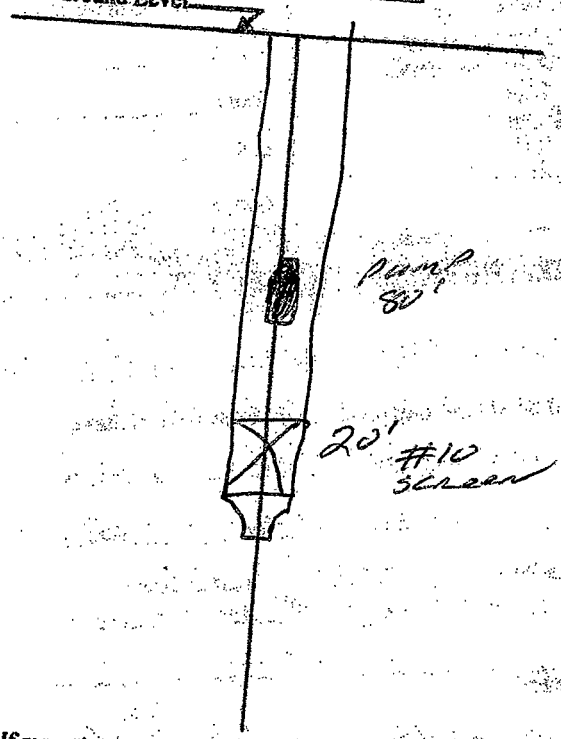
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

EARL MOSLEY 5496
 Print Name of Pump Installer and License No. (if applicable)

 Signature of Pump Installer

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	12
SAND	12	15
CHALK/CLAY	15	57
SAND	57	100
FINE/MED SAND	100	105
MED SAND	105	154

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) a north arrow.

RECEIVED
APR 14 2017
BY OLWR

Landowner Name: _____

Form: OLWR-SWR-1A (04/08)

I 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.

EARL MASELEY 5496
Print Name of Responsible Licensee and License No.

Date

Earl Maseley
Signature of Licensee