

#3

County: Wayne
 Permit #: 5496
 Driller: EARL ROSEBY
 Date drilling completed: 3-24-17

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 #: M191
 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)

Owner Name: Johnny Jamie Riency
 Mailing Address: Johnny Riency Rd
Waynesboro MS 39367
 City: _____ State: _____ Zip Code: _____
 Telephone No. (601) 410 9077

Well or Borehole Location
 Latitude: 31° 35' 44" N Longitude: 88° 49' 34" W
31-38-25 88-49-21
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
S41° 30' 1/4 Sec 20 Twn 80 Rng 8 N
 Distance 12 Miles Direction S 1/2 of Waynesboro
 Nearest Town _____

Well / Borehole Data
 Date drilling started: 3-24 Date drilling completed: 3-24-17 Hole depth: 120 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 837 County Lake Dragan Rd
 Method of dosing and volume of Chlorine used in drilling and development: 1/2 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) Chicken House
If driller 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) _____

Static Water Level: 23 feet above or below (circle one) land surface Date measured: APR 14 2017

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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#3

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 MASELEY
 Date completed: 3-27-17
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: M1A1
 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>31.38-44</u> Longitude: <u>88-49.345</u>
Mailing Address: <u>Johnny Coatswell RD</u>	<u>31-38-25</u> <u>88-49-21</u>
<u>Waynesboro MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____
City _____ State _____ Zip Code _____	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>(601) 410 9077</u>	<u>56</u> $\frac{1}{4}$ <u>56</u> $\frac{1}{4}$ Sec <u>20</u> T <u>8N</u> R <u>8W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>12</u> Miles <u>SW</u> of <u>Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ 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>	<u>RECEIVED</u> APR 14 2017 BY OLWR
Static Water Level (A): <u>23</u> Feet Below Land Surface	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	Other (specify): _____
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	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 MASELEY 5496
Print Name of Pump Installer and License No. (if applicable)

Earl Maseley
Signature of Pump Installer

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: M142
Aquifer: _____
E-Log #: _____

County: Wayne
Permit #: _____
Driller: West Water Well
Date drilling completed: 10-22-12

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Thomas Malone</u>	Latitude: <u>31-38-16</u> Longitude: <u>88-44-27</u>
Mailing Address: <u>412 Leona Bunch Dr</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Waynesboro</u> MS <u>39337</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW NE SE NE 24 25 8 N R E W</u> 1/4 1/4, Sec. 24 25 8 N R E W
Telephone No. (601) <u>579-7550</u>	<u>6</u> Miles <u>W</u> of <u>Waynesboro</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>10-22-12</u> Date drilling completed: <u>10-22-12</u> Hole depth: <u>180</u> Hole diameter: <u>6 1/2</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture Other (describe): <u>Poultry Farm</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>62</u> feet [above or <u>below</u>] land surface Date measured: <u>10-22-12</u> (circle one)
Method of measurement (circle one): Steel tape <u>Electric tape</u> Air line Other (describe): _____
Well depth: <u>180</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix
Casing length: <u>160</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>010</u> inches Setting depth: From <u>160</u> feet to <u>180</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

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 #: M142

Aquifer: _____

County: Wayne
 Permit #: _____
 Driller: West Water Well
 Date completed: 10-22-12
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
Owner Name: <u>Thomas Malone</u>	Latitude: <u>31-38-16</u> Longitude: <u>88-44-27</u>
Mailing Address: <u>42 Leona Bunch Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Waynesboro</u> <u>MS</u> <u>39337</u>	<u>NW 1/4 SE 1/4</u> , Sec. <u>24</u> T. <u>25</u> R. <u>8W</u>
City State Zip Code	<u>6</u> Miles <u>W</u> of <u>Waynesboro</u>
Telephone No. <u>(601) 579-7550</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: _____ Rated Pump Capacity: 30 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: 2 Setting Depth: 120 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

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

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ 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.

David A. West 0-672 4-2-17 David A. West

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer