

# 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 #: \_\_\_\_\_  
Driller: Earl Museley  
Date drilling completed: 7-30-15

For Office Use Only:

Aquifer: N 203  
Well #: \_\_\_\_\_  
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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location  |
|--|--|
| Owner Name: <u>TODD WINGHAM</u>  | Latitude: <u>31° 37.257</u> Longitude: <u>88° 41.122</u>   |
| Mailing Address: <u>Museley Wise Rd</u>                                      | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Waynesboro MS 39367</u>   | <u>NW 1/4 NW 1/4 Sec 34 Twn 8N Rng 7W</u>  |
| City: _____ State: _____ Zip Code: _____                                     | Distance: <u>4</u> Miles <u>SOUTH</u> of <u>Waynesboro</u>   |
| Telephone No. ( ) _____  | Nearest Town: _____  |

### Well / Borehole Data

Date drilling started: 7-30-15 Date drilling completed: 7-31-15 Hole depth: 188' Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COUNTY LAKE DUNHAM RD  
Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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) \_\_\_\_\_

Static Water Level: 75 feet above or below (circle one) land surface Date measured: 7-31-15

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

Well depth: 188' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 178' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: #10 inches Setting depth: From 178 feet to 188 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**

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

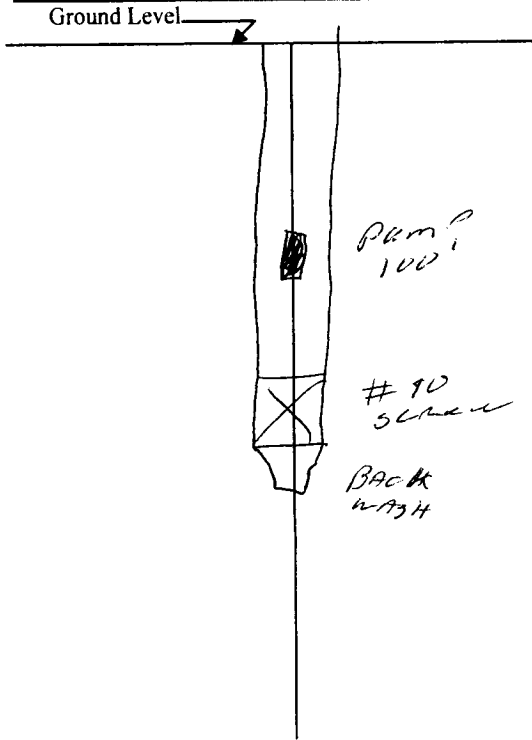
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BY: OLWR

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 SOFL                              | Ground Level | 1          |
| RED SAND                              | 0            | 13         |
| GRAY CLAY                             | 13           | 15         |
| SAND                                  | 15           | 24         |
| SAND ROCK                             | 24           | 25         |
| YELLOW GRAY CLAY                      | 25           | 60         |
| GRAY CLAY                             | 60           | 93         |
| ROCK                                  | 93           | 94         |
| GRAY CLAY                             | 94           | 110        |
| FINE SAND                             | 110          | 115        |
| GRAY CLAY                             | 115          | 148        |
| FINE SAND                             | 148          | 152        |
| GRAY CLAY                             | 152          | 163        |
| FINE SAND                             | 163          | 170        |
| MFC SAND                              | 170          | 188        |
|                                       |              |            |
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|                                       |              |            |
|                                       |              |            |

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.

FROM COURT HOUSE IN WAYNESBORO GO DOWN HWY 63 ABOUT 2 mile TURN RT ON LITTLE ROCK RD. GO ABOUT 1 mile TURN LT ON MUSTKEY WISE GO ABOUT 1 mile TO IRON GATE ON RT

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.

Print Name of Responsible Licensee and License No.

Date

*Earl Moulton*

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  
 (601)961-5210  
 (601)961-5228 (fax)

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: Earl Moseley  
 Date completed: 7-31-15  
 Copy information from block on Part 1

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: N203  
 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>Todd Wing Ham</u>        | Latitude: <u>31.37.257</u> Longitude: <u>088.41.122</u>        |
| Mailing Address: <u>Moseley Wise RD</u> | Method of Lat/Long (check one): Conventional Survey _____      |
| <u>Waynesburg MS 39367</u>              | USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____ |
| City State Zip Code                     | <u>NW 1/4 NW 1/4 Sec 34 T 8N R 7W</u>                          |
| Telephone No. ( ) _____                 | Distance Direction Nearest Town                                |
|   | <u>4</u> Miles <u>SOUTH</u> of <u>Waynesburg</u>               |

| Pump Type<br>Circle one                           | Power Type<br>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>19 GPM</u> |
| Date Pump Installed: <u>8-3-15</u>                | Setting Depth: <u>100'</u> feet            |
| Rated Pump Capacity: <u>19</u> Gallons Per Minute | Number of Stages: <u>9</u>                 |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one                                     |
|---|---|
| Date Well Tested: <u>8-3-15</u>                             | Air Line Electric Measuring Line <u>Steel Tape</u>                                |
| Static Water Level (A): <u>75</u> Feet Below Land Surface   | Other (specify): _____  |
| Pumping Water Level (B): <u>100</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                               |
| Drawdown [(B) - (A)]: <u>25</u> Feet Below Land Surface     | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>25 GPM</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 Moseley  
 Print Name of Pump Installer and License No. (if applicable)

Earl Moseley  
 Signature of Pump Installer

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

BY: OLWR