

County: Wayne
 Permit #: 5496
 Driller: EARL ROSEBY
 Date drilling completed: 4-3-17

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)961-5226 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: N204
 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>BUBBA STALEY</u>	Latitude: <u>88° 7' 08"</u> Longitude: <u>31° 41' 31"</u>
Mailing Address: <u>MAYNOR CREEK DR</u>	<u>88-42-29</u> <u>31-36-58</u> Method of Lat/Long (circle one): Conventional Survey
<u>WAYNESBORO MS 39367</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SE 1/4 Sec 32</u> Twn <u>8N</u> Rng <u>7W</u>
Telephone No. <u>(601) 755-0545</u>	Distance _____ Direction _____ Nearest Town _____ <u>10</u> Miles <u>SW</u> of <u>Waynesboro</u>

Well / Borehole Data

Date drilling started: 4-3-17 Date drilling completed: 4-3-17 Hole depth: 105 Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COUNTY LAKE DR N W R D
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 HIGH PRC 1000 GAN

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: 46 feet above or below (circle one) land surface Date measured: 4-3-17

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

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

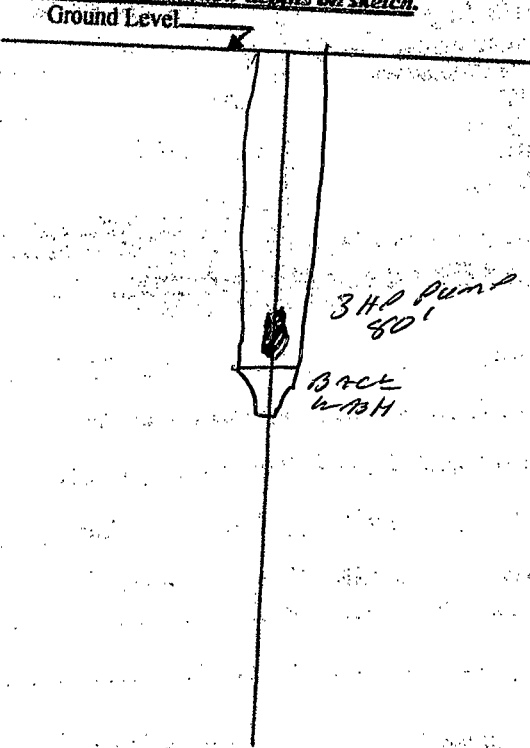
Screen slot size: #10 inches Setting depth: From 85 feet to 105 feet

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

The sketch below only required for water wells

If well telescopes, show depths on sketch.

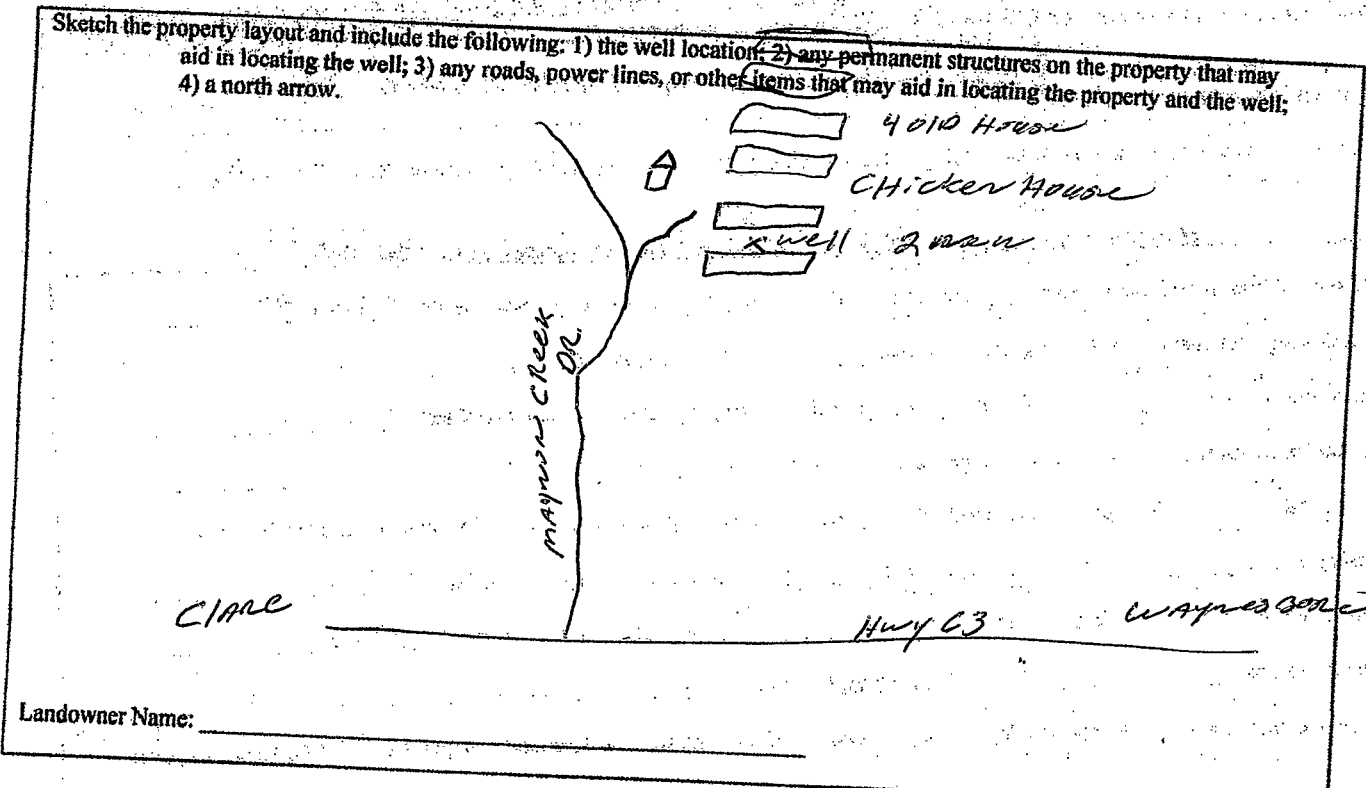


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
SAND	Ground Level	10
Sand & Chalk	10	60
Blue med sand	60	75
med sand	75	90
Coarse sand	90	95
Blue med sand	95	125

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.



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 MOSELEY 5496

 Print Name of Responsible Licensee and License No.

Date

Earl Moseley

 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)

For Office Use Only:	
Aquifer: _____	Well #: _____
Elevation: _____	

County: <u>Wayne</u>
Permit #: <u>5496</u>
Driller: <u>EARL MOSLEY</u>
Date completed: <u>4-3-17</u>
<i>Copy information from block on Part 1</i>

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>BUBBA STOCKLEY</u>	Latitude: <u>88 70 8</u> Longitude: <u>31 6 16</u>
Mailing Address: <u>Maple Creek Dr</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Waynesboro</u> MS <u>39367</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE 1/4</u> 1/4 Sec <u>32</u> T <u>8N</u> R <u>7W</u>
Telephone No. <u>(601) 755-0545</u>	Distance Direction Nearest Town
	<u>10</u> Miles <u>SW</u> of <u>Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3 HP</u>
Date Pump Installed: <u>4-20-17</u>	Setting Depth: <u>80'</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-20-17</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>46</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>34</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>48</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.

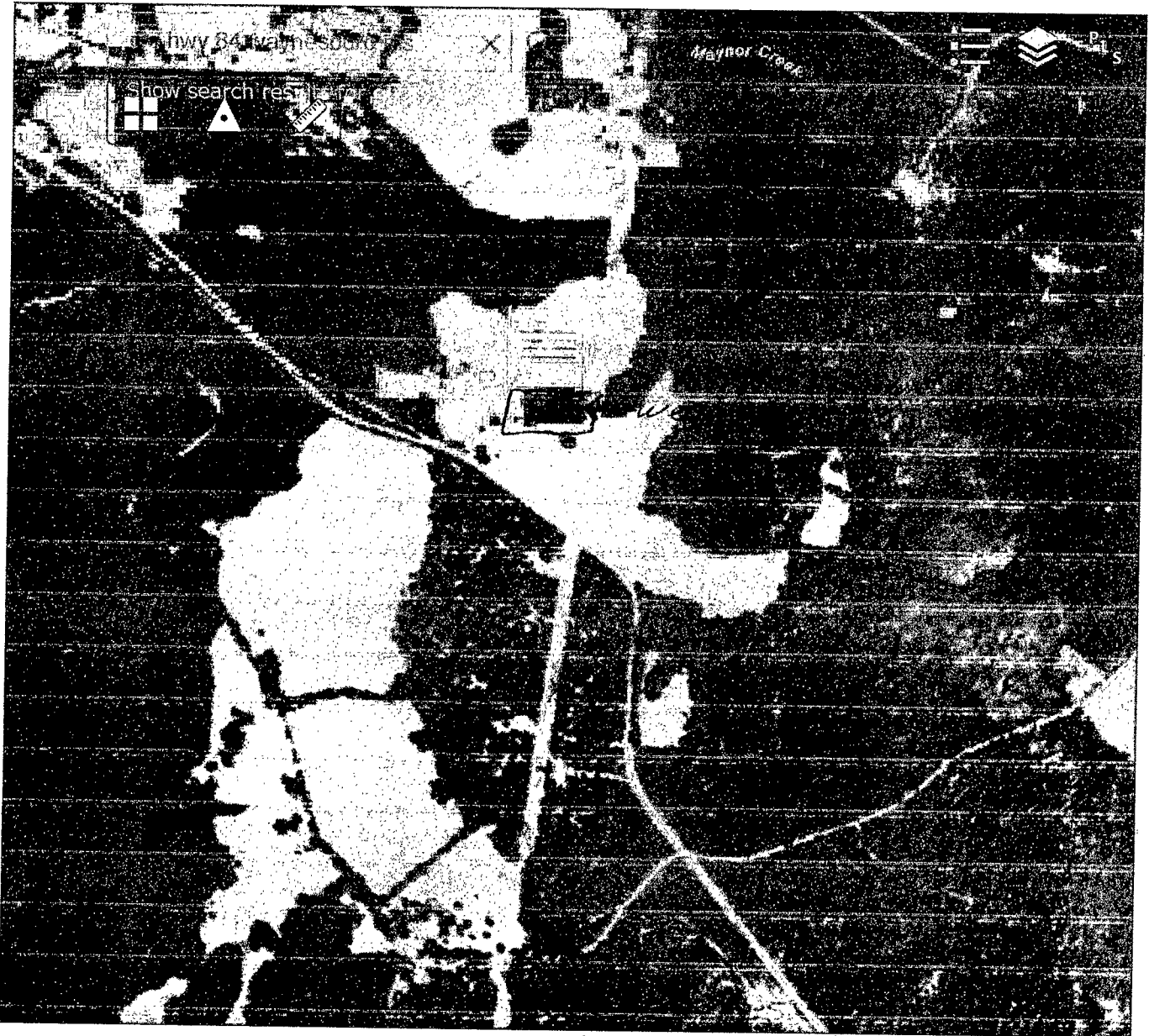
EARL MOSLEY 5496 Earl Mosley
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

BUBBA STOKLEY



Mississippi Boreholes

MDEQ Office of Geology



2 new Chicken House's ADDED

← Maynor Creek OR

RECEIVED

JUN 26 2007

BY OLWR

Hwy 63

0.3mi

-88.685 -31.625 Degrees

88 708 .31.616 AT well