

County: Wayne
 Permit #: _____
 Driller: EARL ROSELEY
 Date drilling completed: 8-9-17

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 #: N205
 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: Phillis Jones
 Mailing Address: 82 Delta Dr
Waynesburg MS 39367
 City State Zip Code
 Telephone No: (601) 381-4822

Well or Borehole Location

Latitude: 31° 38' 26" Longitude: 88° 38' 44"
31-38-16 88-38-39
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
NW NE Sec 25 Twn 8N Rng 7W
 Distance Direction Nearest Town
2 Miles SOUTH of Waynesburg

Well / Borehole Data

Date drilling started: 8-9-17 Date drilling completed: 8-9-17 Hole depth: 97' Hole diameter: 4"
 Location of the source of any surface water used for drilling: 337 County Line Drain RD
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 ATW 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) _____
 Static Water Level: 16' feet above or below (circle one) land surface Date measured: 8-9-17
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 97 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 77' feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: #20 inches Setting depth: From 77 feet to 97 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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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 MOSELEY
 Date completed: 8-9-17
 Copy information from block on Part 1

For Office Use Only:

Aspirator: _____
 Well #: N205
 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>Phillis Jones</u>	Well Location: <u>31-38-16 88-38-39</u>		
Mailing Address: <u>82 DELTA DR.</u>	Latitude: <u>31-38-266</u> Longitude: <u>88-38-446</u>		
<u>Waynesboro MS 39267</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>		
City State Zip Code	<u>USGS quad</u> <u>Fixed-rod GPS</u> <u>Survey-grade GPS</u>		
Telephone No. <u>(601) 381 4822</u>	<u>N/4, N/4, Sec 25 T 8N R 7W</u>		
	Distance Direction Nearest Town		
	<u>2</u> <u>North</u> <u>Waynesboro</u>		

Pump Type Circle one			Power Type Circle one		
Air Lift	<input type="checkbox"/> Jet	<input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine	<input type="checkbox"/> Gasoline Engine	<input type="checkbox"/> Natural Gas
Bucket	<input type="checkbox"/> Piston	<input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> <u>Electric Motor</u>	<input type="checkbox"/> Hand	<input type="checkbox"/> Tractor PTO
Centrifugal	<input type="checkbox"/> Rotary	<input type="checkbox"/> Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1</u>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 23 2017 BY OLWR </div>	
Date Pump Installed: <u>8-9-17</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>19</u> Gallons Per Minute			Number of Stages: _____		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>8-9-17</u>	Air Line	Electric Measuring Line	Steel Tape
Static Water Level (A): <u>16</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured start in hour: _____ feet		
Drawdown [(B) - (A)]: <u>44</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping		
Test Pumping Rate: <u>25</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 5496 Earl Moseley
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

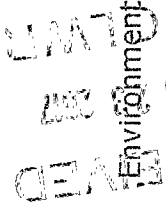
NA05



Mississippi Boreholes

MDEQ Office of Geology

Environmental Geology



500ft

-88.628 31.645 Degrees