County: Wayne
Permit #: 5496
Driller: EARL MOSELEY
Date drilling completed: 5-20-16

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 #: N206
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: RAY LOFTON
Mailing Address: 711 STATION ST.
WAYNESBORO MS 39367
City State Zip Code
Telephone No. ( )

Well or Borehole Location

Latitude: 31 ° 41 ' 14 " Longitude: 88 ° 41 ' 24 "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NE ¼ SE ¼ Sec 4 Twn 8N Rng 7W
Distance 2 Miles Direction WEST of Nearest Town WAYNESBORO

Well / Borehole Data

Date drilling started: 5-20-16 Date drilling completed: 5-22-16 Hole depth: 255 Hole diameter: 4"
Location of the source of any surface water used for drilling: 837 COUNTY LAKE DENHAM RD.
Method of dosing and volume of Chlorine used in drilling and development: 4 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 X 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 X Industrial___ Public Supply___ (Irrigation X) Fish Culture ___ Other:
If a flowing well, method of flow regulation: Valve ___ Other (describe)
Static Water Level: 143 feet above or (below) (circle one) land surface Date measured: 5-22-16
Method of Measurement (circle one) (steel tape) electric tape air line other:
Well depth: 255 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 213 feet Casing diameter: 4" inches Type of casing: PVC
Screen length: OPEN feet Screen diameter: 4" inches Type of screen: PVC
Screen slot size: N/A inches Setting depth: From ___ feet to ___ 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 reverse.***

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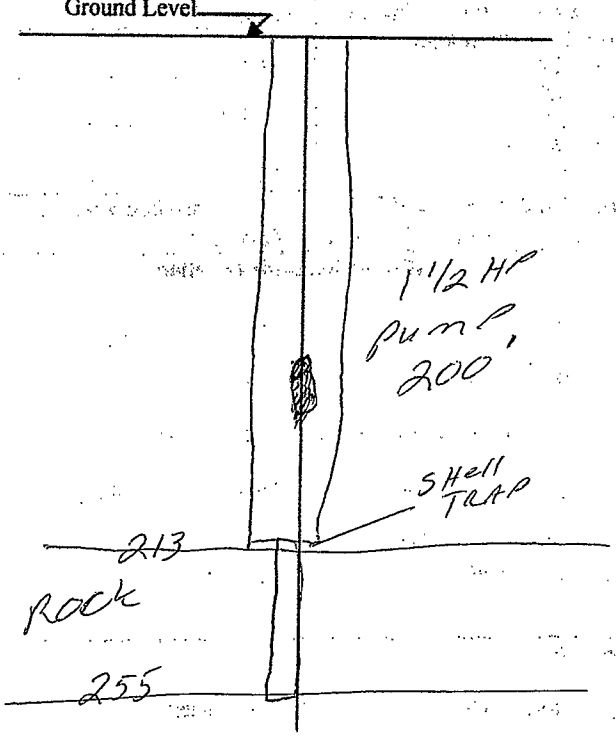
Form: OLWR-SWR-1A (04/08)

N206

The sketch below only required for water wells

If well telescopes, show depths on sketch.

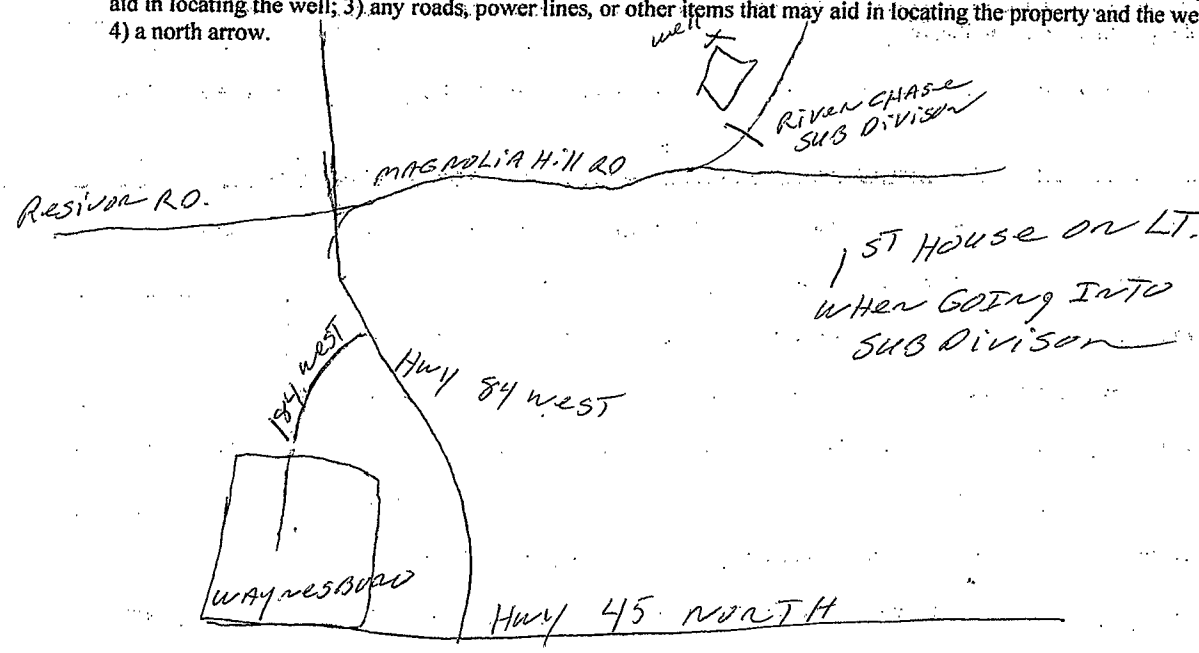


If more than one screen, show location of each on sketch

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
BROWN SAND	2	5
WHITE SAND	5	20
PEA GRAVEL	20	22
GRAY PINK CLAY	22	35
MED. WHITE SAND	35	82
PINK CLAY	82	88
FINE SAND	88	110
BLUE CLAY	110	118
SAND	118	124
BLUE CLAY &	124	131
ROCK & CLAY	131	144
CLAY	144	146
ROCK	146	147
CLAY	147	148
ROCK	148	149
LIME STONE & SHELL	149	160
ROCK	160	167
BLUE CLAY	167	202
SAND	202	204
BLUE CLAY	204	213
HONEY COMB ROCK	213	255

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 _____ Earl Moseley _____

Print Name of Responsible Licensee and License No. **Date** **Signature of Licensee**

STATE WELL REPORT
Part 2

County: Wayne
Permit #: 5496
Driller: EARL MOSELEY
Date completed: 5-20-16
Copy information from block on Part 1

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 #: N206
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

Owner Name: RAY LOFTON
Mailing Address: 711 STATION ST
WAYNESBORO MS 39367
City State Zip Code
Telephone No. (____)

Well Location

Latitude: 31-41-14 Longitude: 88-41-24
Method of Lat/Long (check one): Conventional Survey___, USGS quad___, Hand-held GPS X, Survey-grade GPS___
NE ¼ SE ¼ Sec 4 T 8N R 7W
Distance Direction Nearest Town
2 Miles West of Waynesboro

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 5-22-16
Rated Pump Capacity: 19 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas, (Electric Motor), Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 1½ HP
Setting Depth: 200' feet
Number of Stages:

Pump Test Data

Date Well Tested: 5-22-16
Static Water Level (A): 143 Feet Below Land Surface
Pumping Water Level (B): 255 Feet Below Land Surface
Drawdown [(B) – (A)]: 112 Feet Below Land Surface
Test Pumping Rate: 27 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line, Electric Measuring Line, (Steel Tape)
Other (specify):
For flowing well, measured shut in head: ___ feet
Well yielded ___ GPM with a drawdown of ___ feet after ___ hours of pumping

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

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

Earl Moseley
Signature of Pump Installer

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JUL 07 2016
By OLWR

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