

County: Wayne
 Permit #: 5496
 Driller: EARL MOSELEY
 Date drilling completed: 2-20-18

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 #: N 207
 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: Tim Walker
 Mailing Address: Old Hwy 84
Waynesboro MS 39367
 City State Zip Code
 Telephone No. (601) 381 57 89

Well or Borehole Location

Latitude: 88° 6' 74" Longitude: 31° 6' 95"
31-41-42 88-40-36
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad Hand-held GPS Survey-grade GPS
 NE 1/4 NW 1/4 Sec 3 Twn 8N Rng 7W
 Distance Direction Nearest Town
1 Miles NW of Waynesboro

Well / Borehole Data

Date drilling started: 2-20-18 Date drilling completed: 2-20-18 Hole depth: 105 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 337 Sandy Lake Dam on RD
 Method of casing and volume of Chlorine used in drilling and development: 402 H2O2 PER 1000 GAL
 Logs run (circle all applicable): Core 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, ship 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: 4 feet above or below (circle one) land surface Date measured: 2-20-18
 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: 68 feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: _____ feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: open inches Setting depth: From 68 feet to 105 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of tap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on next page.

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Print Name of Responsible Licensee and License No. EAL MASELY 5496

Date _____

Signature of Licensee EAL MASELY

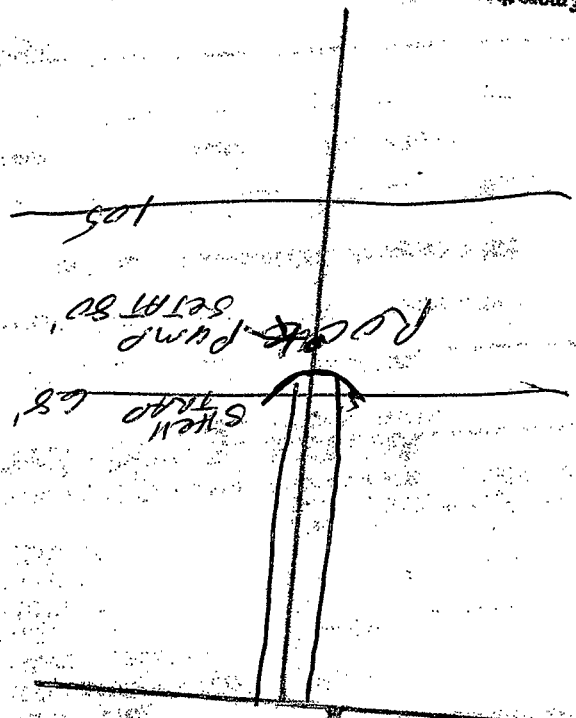
I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

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

Landowner Name: _____

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.

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



Description of Formations Encountered	From (depth)	To (depth)
SAND	15	15
ROCK	15	16
1st layer sand	16	27
CLAY	27	32
ROCK	32	32
GRAY CLAY	32	68
ROCK	68	105

The sketch below only required for water wells. If well intersects, show location on sketch. Ground Level _____

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

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 #: N207
 Elevation: _____

County: Wayne
 Permit #: 5496
 Installer: EARL MASELEY
 Date completed: 2-20-18
 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 of the above address within 30 days of well completion.

Well Owner Information		Well Location	
Owner Name: <u>JIM WALKER</u>	31-41-42 Well Location <u>88-40-26</u>		
Latitude: <u>31.674</u>	Longitude: <u>88.695</u>		
Method of Lat/Long (check one): Conventional Survey _____			
UNGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____			
<u>NE 1/4 NE 1/4 Sec 3 T 8N R 7W</u>			
Distance _____ Direction _____ Nearest Town _____			
<u>1</u> miles <u>NW</u> of <u>WAYNESBORO</u>			
Well Owner Information			
Mailing Address: <u>OLD HWY 84</u>			
<u>WAYNESBORO MS 39367</u>			
City	State	Zip Code	
Telephone No. <u>(601) 381-5789</u>			

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____
Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand _____ Tractor PTO _____
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill: _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.05</u>
Date Pump Installed: <u>3-6-18</u>	Sinking Depth: <u>80</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: _____

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-6-18</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>4</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured start in head: _____ feet
Drawdown (B) - (A): <u>76</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>35</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 MASELEY 5496 Earl Maseley
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

