

County: Wayne
 Permit #: 5496
 Driller: FARL ROSEBY
 Date drilling completed: 5-18-18

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 39226
 (601)861-5210
 (601)861-5226 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: N 208
 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 of 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: CLAY MILLICAN
 Mailing Address: 332 LITTLE ROCK RD
Waynesburg MS 39367
 City State Zip Code
 Telephone No.: 668 410 6428

Well or Borehole Location: 31-37-54 8-41-24
 Latitude: 31° 37' 59" Longitude: 88° 41' 40"
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Home-held GPS, Survey-grade GPS
 SE ¼ NE ¼ Sec 23 Twn 8N Rng 7W
 Distance Direction Nearest Town
4 Miles SW of Waynesburg

Well / Borehole Data

Date drilling started: 5-14-18 Date drilling completed: 5-15-18 Hole depth: 205 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 337 Soudy Lake Dam Rd
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 HIGH P/L WAD SAN
 Logs run (circle all applicable): Log Log 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, file the remainder of this block _____

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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: 115 feet above or below (circle one) land surface Date measured: 5-18-18

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

Well depth: 205 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: 185 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 185 feet to 205 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 at next page

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:

Acquit: _____
 Well #: N208
 Elevation: _____

County: Wayne
 Permit #: 5496
 Installer: Earl Masley
 Date completed: 5-18-18
 Copy information from Mark on Part I

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attached and kept permanently with the Department of the above address within 30 days of well completion.

| Well Owner Information | Well Location |
|--|---|
| Owner Name: <u>CLAY MILLICAN</u> | Latitude: <u>31-37-89</u> Longitude: <u>88-41-40</u> |
| Mailing Address: <u>332 LITTLE ROCK RD</u> | <u>31-37-54</u> <u>88-41-24</u> |
| <u>Waynesboro MS 39367</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| City State Zip Code | UNCS equal _____ Wood-bolt GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| Telephone No. <u>(601) 410-6428</u> | SE 1/4 NE 1/4 Sec <u>28</u> T <u>8N</u> R <u>7W</u> |
| | Distance Direction Nearest Town |
| | <u>4</u> miles <u>SW</u> of <u>Waynesboro</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input type="checkbox"/> | Diesel Engine <input type="checkbox"/> |
| Bucket <input type="checkbox"/> | Gasoline Engine <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> | Natural Gas <input type="checkbox"/> |
| Other (specify): _____ | Electric Motor <input checked="" type="checkbox"/> |
| Date Pump Installed: <u>5-18-18</u> | Hand <input type="checkbox"/> |
| Rated Pump Capacity: <u>20</u> Gallons Per Minute | Tractor PTO <input type="checkbox"/> |
| | Windmill <input type="checkbox"/> |
| | Other (specify): _____ |
| | Horse Power Rating of Motor: <u>1 1/2</u> |
| | Safety Depth: <u>160</u> feet |
| | Number of Stages: _____ |

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| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>5-18-18</u> | Air Line <input type="checkbox"/> |
| Static Water Level (A): <u>115</u> Feet Below Land Surface | Electric Measuring Line <input type="checkbox"/> |
| Pumping Water Level (B): 200 <u>160</u> Feet Below Land Surface | Steel Tape <input type="checkbox"/> |
| Drawdown (B)-(A): <u>45</u> Feet Below Land Surface | Other (specify): _____ |
| Test Pumping Rate: <u>24</u> Gallons Per Minute | For flowing well, measurement start in head: _____ feet |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | 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 Masley 5496 Earl Masley
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

