

# STATE WELL REPORT

307

County: Wayne  
 Permit #: 5494  
 Driller: Earl Moseley  
 Date drilling completed: 7-8-19

**Part 1**  
**Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5555  
 (601)961-5228 (fax)

**For Office Use Only:**

Well #: N 213  
 Aquifer: \_\_\_\_\_  
 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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>PAN WOOTEN</u>	Latitude: <u>88.708</u> Longitude: <u>31.658</u>
Mailing Address: <u>17 DUBBIE GRAHAM</u>	Method of Lat/Long (check one): Conventional Survey _____, <u>31 39 28.8</u> <u>-88 42 28.8</u>
<u>Waynesboro MS 39367</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SENEBE</u> 1/4, Sec. <u>17</u> T. <u>8N</u> R. <u>7W</u>
Telephone No. <u>(601) 340-2141</u>	<u>3</u> Miles <u>SW</u> of <u>Waynesboro</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 7-3-19 Date drilling completed: 7-8-19 Hole depth: 155 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: 402 HTH

Logs run (check all applicable):  log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: N/A

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 all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 66 feet  above or  below land surface Date measured: 7-8-19  
(check one)

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 155 Well grouted to a depth of: 10 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 135 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #8 inches Setting depth: From 135 feet to 155 feet

Type of completion (check all applicable)  gravel packed  Underreamed  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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: N 213

Elevation: \_\_\_\_\_

County: Wayne  
 Permit #: 5496  
 Driller: EARL MASELEY  
 Date completed: 7-8-19  
 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 at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>DAN WOOTEN</u>	Latitude: <u>88.708</u> Longitude: <u>31.658</u>
Mailing Address: <u>17 DUBBLE GRAHAM RD</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS
<u>Waynesboro MS 39367</u> City State Zip Code	<u>SE 1/4 Sec 17 T 8 N R 7 W</u>
Telephone No. (601) <u>340-2141</u>	Distance Direction Nearest Town <u>3 miles SW of 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 <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7-10-19</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>7</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-10-19</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>66</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>54</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 Maseley 5496 Earl Maseley  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

County: Wayne

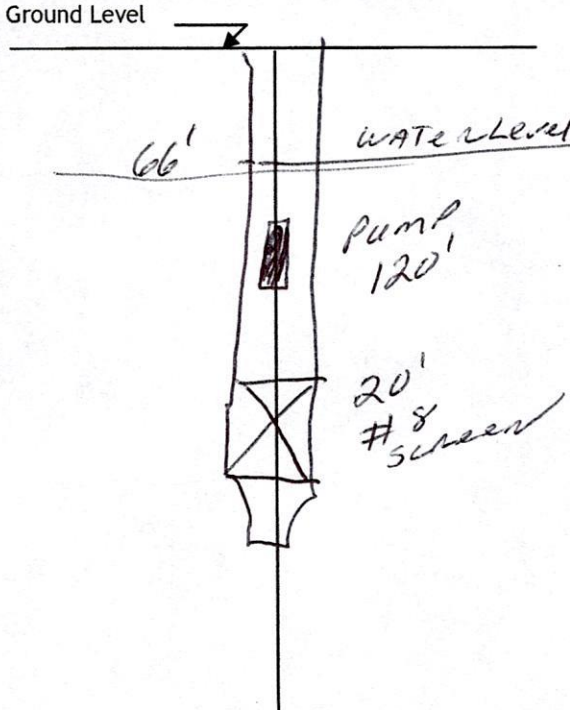
Permit #: 5496

**For Office Use Only:**

Well #: \_\_\_\_\_

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	45
IRON SAND	45	60
CHALK	60	88
MED. SAND	88	100
IRON SAND	100	105
CHALK	105	107
Fine SAND & CLAY	107	130
Fine/MED SAND	130	140
GRAY SAND	140	155
Blue CLAY	155	160

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) north arrow

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Landowner Name: \_\_\_\_\_

I HEREBY 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 MUSELEY

7-8-19

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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