

### State Well Report

#### Part 1

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date drilling completed: 6-4-12

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: 0253  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

<p><b>Well Owner Information</b></p> <p>Owner Name: <u>Justin Creighton</u>          Mailing Address: <u>8 Montrose Court</u>  <u>Hattiesburg MS 39402</u>          City State Zip Code          Telephone No. <u>(601) 735-2855</u></p>	<p><b>Well Location</b> 88</p> <p>Latitude: <u>31-41-00</u> Longitude: <u>86-37-30</u></p> <p>Method of Lat/Long (circle one): <u>Conventional Survey</u></p> <p>USGS quad, Hand-held GPS, Survey-grade GPS</p> <p><u>NW</u> 1/4 <u>SE</u> 1/4 Sec <u>60</u> Twn <u>8N</u> Rng <u>6W</u></p> <p>SW Distance <u>0</u> Miles <u>NE</u> Direction <u>Inside City Limit</u> of <u>Waverly</u> Nearest Town <u>Side</u></p>
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**Well Data**

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 6-1-12 Date well drilling completed: 6-4-12

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

Static Water Level: 132 feet above of below (circle one) land surface Date measured: 6-4-12

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 218 Well depth: 218 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 198 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 020 inches Setting depth: From 198 feet to 218 feet

Type of completion (circle all applicable): Gravel packed Underscreened 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

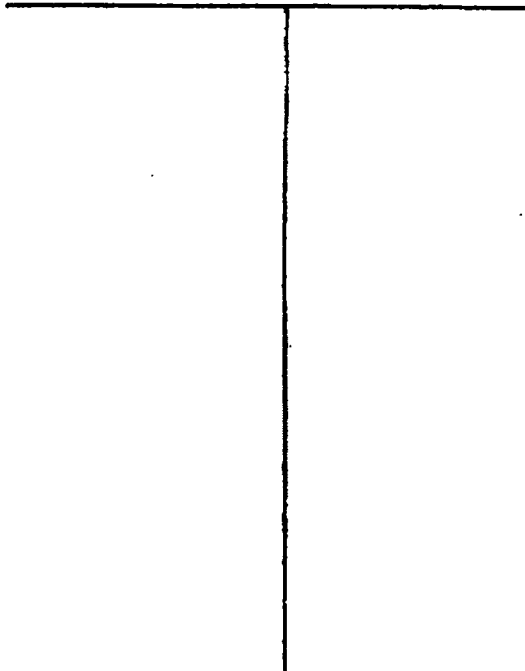
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

David A West 0-672  
 Print Name of Water Well Contractor and License No.

David A West  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Top soil	0	1
Sandy red clay	1	16
SAND	16	29
CLAY	29	41
SAND	41	91
CLAY	91	118
Limestone	118	171
CLAY	171	184
Limestone	184	193
	193	218

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) indicate direction.

Landowner Name: Justin Creighton

Signature of Water Well Contractor

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date completed: 6-4-12

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: 0253  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Justin Crieghton</u>	Latitude: <u>31°41'00"</u> Longitude: <u>88°37'30"</u>
Mailing Address: <u>8 Montrose Court</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Wattiesburg MS 39402</u>	USGS quad, Hazed-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 6 Twn 8N Rng 6W</u>
Telephone No. <u>(601) 735-2855</u>	Distance Direction Nearest Town
	<u>0 Miles NE of Inside City Limit</u> <u>Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>6-4-12</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

David A. West 0-672 David A. West  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer