

State Well Report

Part I - Driller's Log

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)

For Office Use Only

Agency

Well #

C. S. Elevation

Depth #

County WAYNE
 Permit # 5496
 Driller EARL MOSELEY
 Date drilling completed 3-16-13

φ 254

State Law requires that this report be prepared by the licensee 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)	Well or Borehole Location
Owner Name <u>MARK KELLEY</u>	Latitude <u>31° 37' 40"</u> Longitude <u>088° 32' 39"</u>
Mailing Address <u>Eunice Bonner RD</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (circle one) <u>Hand-held GPS</u> Conventional Survey
City _____ State _____ Zip Code _____	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(601) 410 8290</u>	<u>NE</u> <u>NEV</u> <u>35</u> <u>8N</u> <u>6W</u> <u>NW</u> <u>36</u>
	Distance _____ Direction <u>SOUTH</u> Nearest Town <u>WAYNESBORO</u>

Well / Borehole Data

Date drilling started: 3-15-13 Date drilling completed: 3-16-13 Hole depth: 115' Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COUNTY LAKE OERHAM RD

Method of casing and volume of Chlorine used in drilling and development: _____

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 Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Scientific Survey _____ Other (describe): _____

If drilling is not related to water well construction, skip 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: 91' feet above or below (circle one) land surface Date measured: 3-16-13

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

Well depth: 115' Well grouted to a depth of 10' feet Type of gravel (circle one): Wash Resin-coated _____

Casing length: 95' 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 95 feet to 105 feet

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

Other (describe): SAND PACK

Top of tap pipe or maximum in casing _____ feet. *If telescoped or more than one screen, describe on well log.*

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STATE WELL REPORT

Part 2

County WAYNE
 Permit # 5496
 Driller EARL MOSELEY
 Date completed: 3-19-13
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 10631
 Jackson, MS 39289-0631
 (601) 961-5210
 (601) 354-6938 (fax)

For Office Use Only
 aquifer
 Well # 0254
 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	Well Location
Owner Name: <u>MARK KELLEY</u>	Latitude <u>31-37-401</u> Longitude <u>088-32-399</u>
Mailing Address: <u>EUNICE BOARDS</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input checked="" type="checkbox"/> USGS quad <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NE SEC 35 8N 6W</u>
Telephone No.: <u>601 410-8290</u>	Distance: <u>6</u> Miles Direction: <u>SOUTH</u> Nearest Town: <u>WAYNESBORO</u>

Pump Type <small>Circle one</small>	Power Type <small>Circle one</small>
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____	<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well <input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____
Date Pump Installed: <u>3-19-13</u>	Horse Power Rating of Motor: _____
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Setting Depth: <u>110'</u> feet
	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level <small>Circle one</small>
Date Well Tested: <u>3-19-13</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <u>Steel Tap</u>
Static Water Level (A): <u>91'</u> feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>110'</u> feet Below Land Surface	For flowing well, measured shut-in head: _____ feet
Drawdown (B) - (A): <u>19'</u> feet Below Land Surface	Well yielded: <u>25</u> GPM with a drawdown of _____
Test Pumping Rate: <u>19</u> Gallons Per Minute	feet after <u>7</u> hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

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

Earl Moseley
 Signature of Pump Installer

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