

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 #: 0256
L. S. Elevation: _____
E-log #: _____

County: Wayne
Permit #: _____
Driller: Earl Maskey
Date drilling completed: 2-6-15

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)	Well or Borehole Location
Owner Name: <u>Wesley McCarty</u>	Latitude: <u>31° 41' 35.3"</u> Longitude: <u>88° 37' 36.1"</u>
Mailing Address: <u>111 ASPEN DR.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Waynesboro MS 39367</u>	USGS quad, <u>SE 1/4 SE 1/4 Sec 6</u> Twn <u>8N</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 989 2307</u>	<u>1.5</u> Miles of <u>FN St. in Waynesboro</u>

Well / Borehole Data

Date drilling started: 2-4-15 Date drilling completed: 2-6-15 Hole depth: 176' Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 CO. LAKE OULTMAN RD

Method of dosing and volume of Chlorine used in drilling and development: NA

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 _____

Seismic 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: 100 feet above or below (circle one) land surface Date measured: 2-6-15

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

Well depth: 176' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 144 feet Casing diameter: 4" inches Type of casing: OPEN HOLE PVC

Screen length: NONE feet Screen diameter: NONE inches Type of screen: OPEN HOLE

Screen slot size: N/A inches Setting depth: From NA feet to NA 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 on next page**

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

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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 #: 0256

Elevation: _____

County: Wayne
 Permit #: _____
 Driller: Earl Moseley
 Date completed: 2-9-15
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>WESLEY McCarley</u>	Latitude: <u>N31-41-453</u> Longitude: <u>088-37-361</u>
Mailing Address: <u>111 ASPEN DR.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>WAYNESBORO MS 39267</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>6</u> T <u>8N</u> R <u>6W</u>
Telephone No. <u>(601) 989-2307</u>	Distance Direction Nearest Town
	_____ Miles <u>FN</u> of <u>WAYNESBORO</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <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</u>
Date Pump Installed: <u>2-9-15</u>	Setting Depth: <u>140'</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-9-15</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>100</u> Feet <u>Below</u> Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>24</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 Moseley 5496
 Print Name of Pump Installer and License No. (if applicable)

Earl Moseley
 Signature of Pump Installer

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

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