

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 #: 0257
L. S. Elevation: _____
E-log #: _____

County: WAYNE
Permit #: 5496
Driller: EARL MASSELY
Date drilling completed: 2-22-16

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>STEPHEN MAYREITZ</u>	Latitude: <u>31° 37' 920</u> Longitude: <u>88° 35' 758</u>
Mailing Address: <u>2 SOUTH WOOD DR.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Waynesboro MS 39367</u>	<u>SE 1/4 SE 1/4 Sec 20</u> Twn <u>8N</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 381 7281</u>	<u>3</u> Miles <u>SOUTH</u> of <u>WAYNESBORO</u>

Well / Borehole Data

Date drilling started: 2-22-16 Date drilling completed: 2-24-16 Hole depth: 203 Hole diameter: 4"

Location of the source of any surface water used for drilling: Busy well service
Method of dosing and volume of Chlorine used in drilling and development: 402 HTH

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: 80' feet above or below (circle one) land surface Date measured: 2-24-16

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

Well depth: 203 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 183 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 183 feet to 203 feet

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

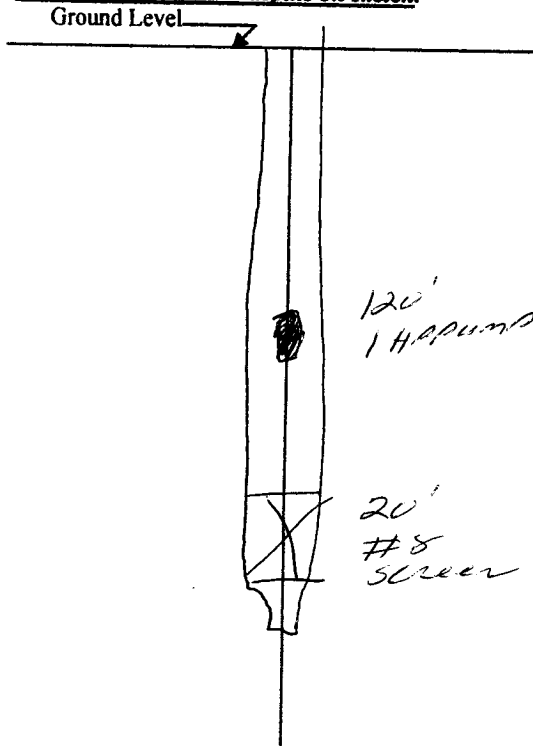
Top of lap pipe or reduction in casing: _____ feet. **If telescoped or more than one screen, describe on next page**

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

MAR 1 4 2016

The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each 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)
TOP SURF	Ground Level	2
RED SAND & CLAY		
RED SAND		
WHITE SAND		
FINE SAND		
CLAY		
SAND		
YELLOW GRAY CLAY		
BLUE CLAY		
ROCK	117	117
CLAY		
ROCK		
CLAY		109
FINE SAND	169	169
CLAY	169	170
SAND	170	171
CLAY	171	173
RED SAND	173	180
FINE SHALE SAND	180	203

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) a north arrow.

OUT ~~RT~~ HWY 145 SOUTH ABOUT 3 MILES TO SOUTH WOOD DR ON RT BRICK HOUSE ON HILL

Landowner Name: _____

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

I 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 Mosley 5496 2-24-16 Earl Mosley
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: 0257
 Elevation: _____

County: Wayne
 Permit #: 5496
 Driller: Earl Mosely
 Date completed: 2-24-16
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>STEPHEN MAYFIELD</u>	Latitude: <u>31.37.926</u> Longitude: <u>088.35.758</u>
Mailing Address: <u>2 SOUTH OAK DR</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Waynesboro MS 39367</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(601) 381 2281</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>SOUTH</u> of <u>Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>2-28-16</u>	Setting Depth: <u>120</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>2-28-16</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>80</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>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>20</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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 Mosely 5496 Earl Mosely
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

MAR 14 2016
 Form: OLWR-SWR-1B (04/08)