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County: Wayne
 Permit #: 6
 Driller: EARL JOSEPH
 Date drilling completed: 6-6-17

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2308
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: Ø 259
 L. S. Elevation: _____
 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.

Information on Well Owner
 (Landowner if borehole is not for a water well)

Owner Name: Ben Harrison
 Mailing Address: 873 County Lake Penton Rd
Waynesboro MS 39367
 City State Zip Code
 Telephone No: (601) 381-1392

Well or Borehole Location
 Latitude: 31° 39' 673" Longitude: 88° 32' 680"
31-39-40 88-32-05
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 Sec 13 Twn 8N Rng 6W
 Distance Direction Nearest Town
7 Miles EAST of Waynesboro

Well / Borehole Data
 Date drilling started: 6-5-17 Date drilling completed: 6-6-17 Hole depth: 255 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 873 County Lake Penton Rd
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 ATW PRE 1000 GAL
 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: 123 feet above or below (circle one) land surface Date measured: 6-6-17
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 255 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 215 feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: N/A feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: Open Hole inches Setting depth: From _____ feet to _____ 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*

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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 #: Ø259
Elevation: _____

County: Wayne
Permit #: 5496
Driller: EARL MASELEY
Date completed: _____
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 of the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>BEN HARRISON</u>	Latitude: <u>31-39-67</u> Longitude: <u>88-32-080</u>
Mailing Address: <u>873 COUNTY LAKE</u>	<u>31-39-40</u> <u>88-32-05</u>
<u>DENHAM RD</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey
<u>Waynesboro MS 39367</u>	<input type="checkbox"/> USGS quad <input checked="" type="checkbox"/> Fixed-rod GPS <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>N/E ¼ SE ¼ Sec 13 T 80R 5E 6W</u>
Telephone No. <u>(601) 381-1392</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>7</u> miles <u>EAST</u> of <u>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"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>2</u>
Date Pump Installed: <u>6-10-17</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-10-17</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>123</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured flow in barrel: _____ feet
Drawdown [(B) - (A)]: <u>37</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>29</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

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