

#2

County: Wayne
 Permit #: _____
 Driller: EARL ROSELEY
 Date drilling completed: 6-8-17

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 #: Ø 260
 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 Dr. H.A.
Waynesboro MS 39367
 City State Zip Code
 Telephone No: (601) 381 1392

Well or Borehole Location

Latitude: 31° 39' 05" Longitude: 88° 32' 08"
31-39-39 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 5E
 Distance Direction Nearest Town
7 Miles EAST of Waynesboro

Well / Borehole Data

Date drilling started: 6-7-17 Date drilling completed: 6-8-17 Hole depth: 255 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 837 County Lake Dr. H.A. Rd.
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 HTH PC 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: 120 feet above or below (circle one) land surface Date measured: 6-8-17
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 255 Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 213 feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: _____ feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: _____ 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 #: 0260

Elevation: _____

County: Wayne
Permit #: 5496
Driller: EARL Moseley
Date completed: 6-8-17
Copy information from Mark 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

<p>Owner Name: <u>Ben Harrison</u></p> <p>Mailing Address: <u>873 County Lake Denton</u> <u>Waynesboro MS 39367</u> City State Zip Code</p> <p>Telephone No. <u>(601) 381 1392</u></p>	<p>Well Location <u>31-39-39 88-32-05</u></p> <p>Latitude: <u>31.39657</u> Longitude: <u>88.32082</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____ URGS quad _____, Fixed-Point GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____</p> <p><u>NE 1/4 SE 1/4 Sec 13 T 8N R 8W 6W</u></p> <p>Distance _____ Direction _____ Nearest Town _____</p> <p><u>7</u> miles <u>EAST</u> of <u>Waynesboro</u></p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u></p> <p>Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine</p> <p>Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>6-10-17</u></p> <p>Rated Pump Capacity: <u>27</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO</p> <p>Windmill <input type="checkbox"/> Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>2 HP</u></p> <p>Setting Depth: <u>160'</u> feet</p> <p>Number of Stages: _____</p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>6-10-17</u></p> <p>Static Water Level (A): <u>120</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): <u>160</u> Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface</p> <p>Test Pumping Rate: <u>29</u> Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): <u>4</u> hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/></p> <p>Other (specify): _____</p> <p>For flowing well, measured short in feet: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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BY OLWR

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

EARL Moseley 5496 Earl Moseley
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer