

County: Wayne
 Permit #: _____
 Driller: EARL ROSEERY
 Date drilling completed: 6-14-17

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 #: Ø261
 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: CLAY WEST
 Mailing Address: 133 BREAKWATER DR
Waynesboro MS 39367
 City State Zip Code
 Telephone No: 601-410-0265

Well or Borehole Location

Latitude: 31° 41' 134" Longitude: 88° 37' 228"
31-41-08 88-37-14
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 NE 1/4 Sec 6 Twn 8N Rng 6W
 Distance Direction Nearest Town
 Miles NE Waynesboro

Well / Borehole Data

Date drilling started: 6-13-17 Date drilling completed: 6-14-17 Hole depth: 235 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 337 COUNTY LAKE DR WAYSBORO
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 HTW PER 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: 130 feet above or below (circle one) land surface Date measured: 6-14-17
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 235 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 196 feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: _____ feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: open 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)

County: Wayne
 Permit #: 5496
 Driller: Earl Moseley
 Date completed: 6-14-17
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Ø261
 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>GRAY WEST</u> Mailing Address: <u>133 BREAKIN RIDGE DR</u> <u>WAYNESBORO MS 39367</u> City State Zip Code Telephone No. <u>(601) 41 0265</u>	31-41-08 Latitude: <u>31.41.134</u> Longitude: <u>88.37228</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>SE ¼ NB ¼ Sec 6 T 8N R 6W</u> Distance <u>SE</u> Direction Nearest Town _____ <u>Miles NE of Waynesboro</u>		

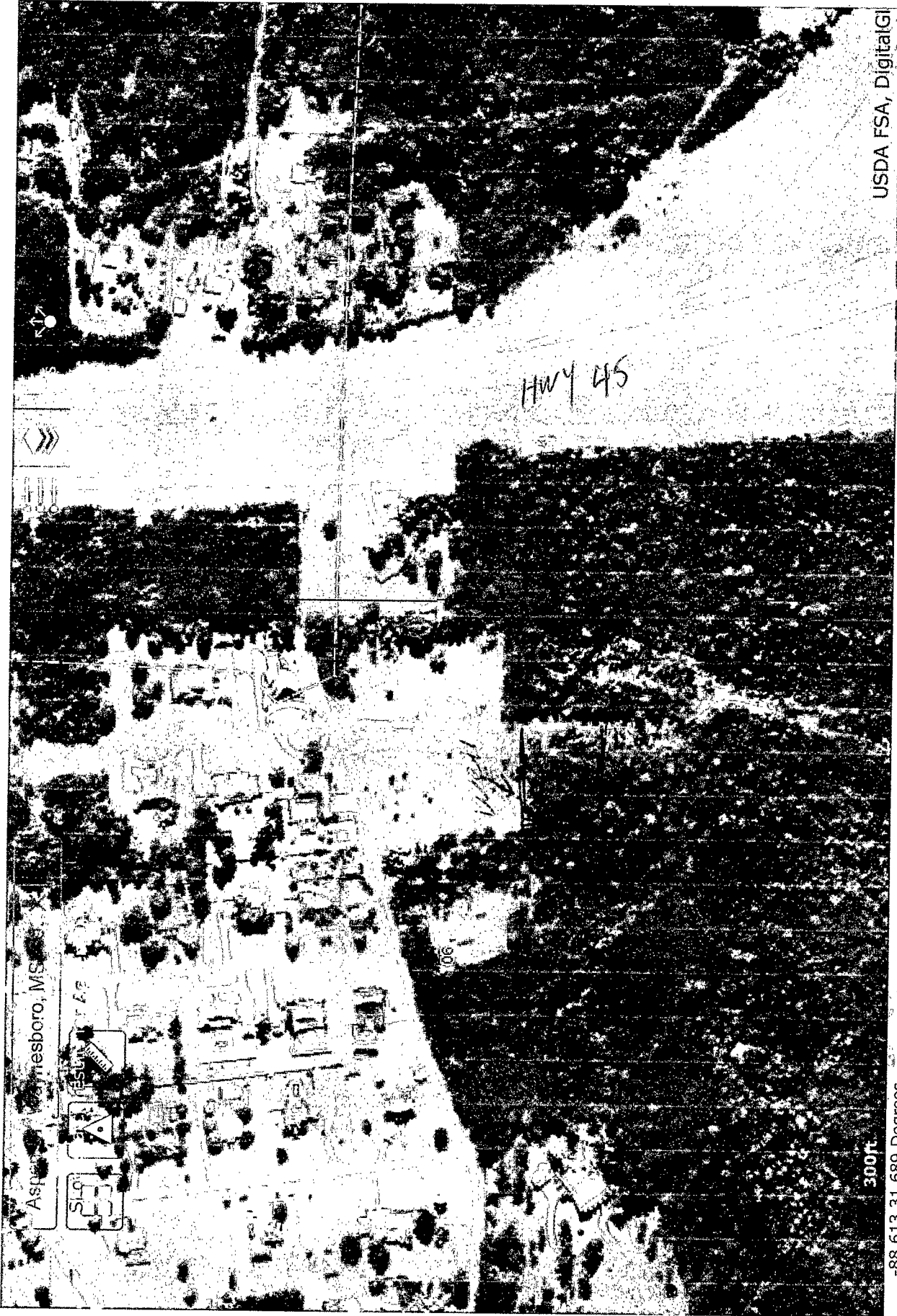
Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>6-18-17</u> Rated Pump Capacity: <u>110</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1HP</u> Setting Depth: <u>180</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-18-17</u> Static Water Level (A): <u>130</u> Feet Below Land Surface Pumping Water Level (B): <u>180</u> Feet Below Land Surface Drawdown ((B)-(A)): <u>50</u> Feet Below Land Surface Test Pumping Rate: <u>14</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/> Other (specify): _____ For flowing well, measured about in hour: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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



USDA FSA, DigitalGI

LEVEL
13 20
DLWT

-88.613 31.689 Degrees