

County: Wayne
 Permit #: 5496
 Driller: EARL ROSELEY
 Date drilling completed: 8-29-16

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 #: 0263
 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)	Well or Borehole Location
Owner Name: <u>MARK KELLY</u>	Latitude: <u>31° 39' 875"</u> Longitude: <u>88° 37' 704"</u> <u>31-39-52</u> <u>88-37-42</u>
Mailing Address: <u>HWY 145 SOUTH</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Waynesboro MS 39290</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NE</u>
City: _____ State: _____ Zip Code: _____	<u>NW 1/4</u> <u>Sec 18</u> Twn <u>8N</u> Rng <u>6W</u>
Telephone No. <u>(601) 410-8290</u>	Distance _____ Direction _____ Nearest Town _____ Miles <u>SOUTH</u> of <u>Waynesboro</u>

Well / Borehole Data

Date drilling started: 8-25-16 Date drilling completed: 8-29-16 Hole depth: 125' Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COUNTY LAKE DRUM RD.

Method of dosing and volume of Chlorine used in drilling and development: 4 OZ HTH 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: 57 feet above or below (circle one) land surface Date measured: 8-29-16

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

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 115' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #8 inches Setting depth: From 115 feet to 125 feet

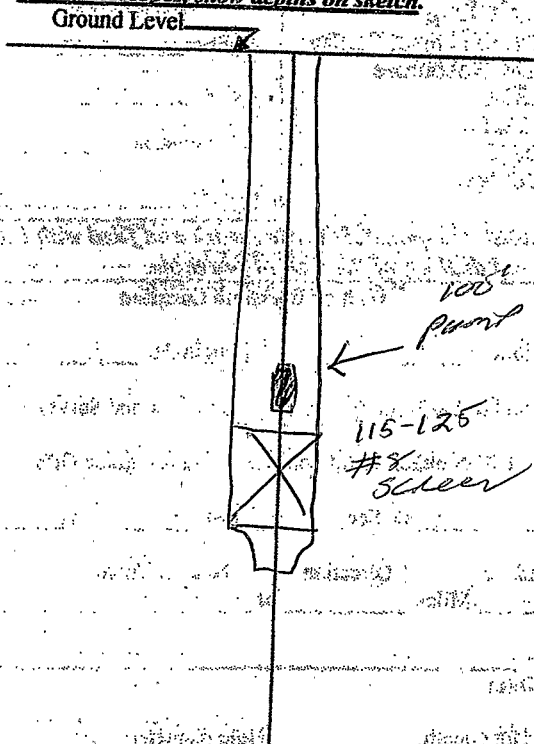
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

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

0263

The sketch below only required for water wells

If well telescopes, show depths 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	0
WHITE SAND	3	32
GRAY CLAY	32	44
SAND ROCK	44	45
BLK CLAY	45	66
SAND ROCK	66	69
SWEET LIME STONE	69	73
ROCK	73	74
CLAY	74	76
ROCK	76	78
CLAY	78	80
FINE SAND	80	105
RED FINE SAND	105	125
CLAY		

If more than one screen, show location of each on sketch

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.

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 MOSELEY 5496

Print Name of Responsible Licensee and License No.

Date

Earl Moseley

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)

County: Wayne
 Permit #: 5496
 Driller: EARL MOSELEY
 Date completed: 8-29-16
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 0263
 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	31-39-52 Well Location 88-37-42
Owner Name: <u>Mark Kelly</u>	Latitude: <u>31-39.875</u> Longitude: <u>88-37-704</u>
Mailing Address: <u> Hwy 145 South</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	<u>NE</u> NW 1/4 <u>18</u> T 8N R 6E
Telephone No. <u>(601) 410 8290</u>	Distance Direction Nearest Town _____ Miles <u>South</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 HP</u>
Date Pump Installed: <u>8-30-16</u>	Setting Depth: <u>1010</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-30-16</u>	Air Line Electric Measuring Line <u>Steel-Tape</u>
Static Water Level (A): <u>51</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>49</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>25</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Earl Moseley 5496 Earl Moseley
Signature of Pump Installer

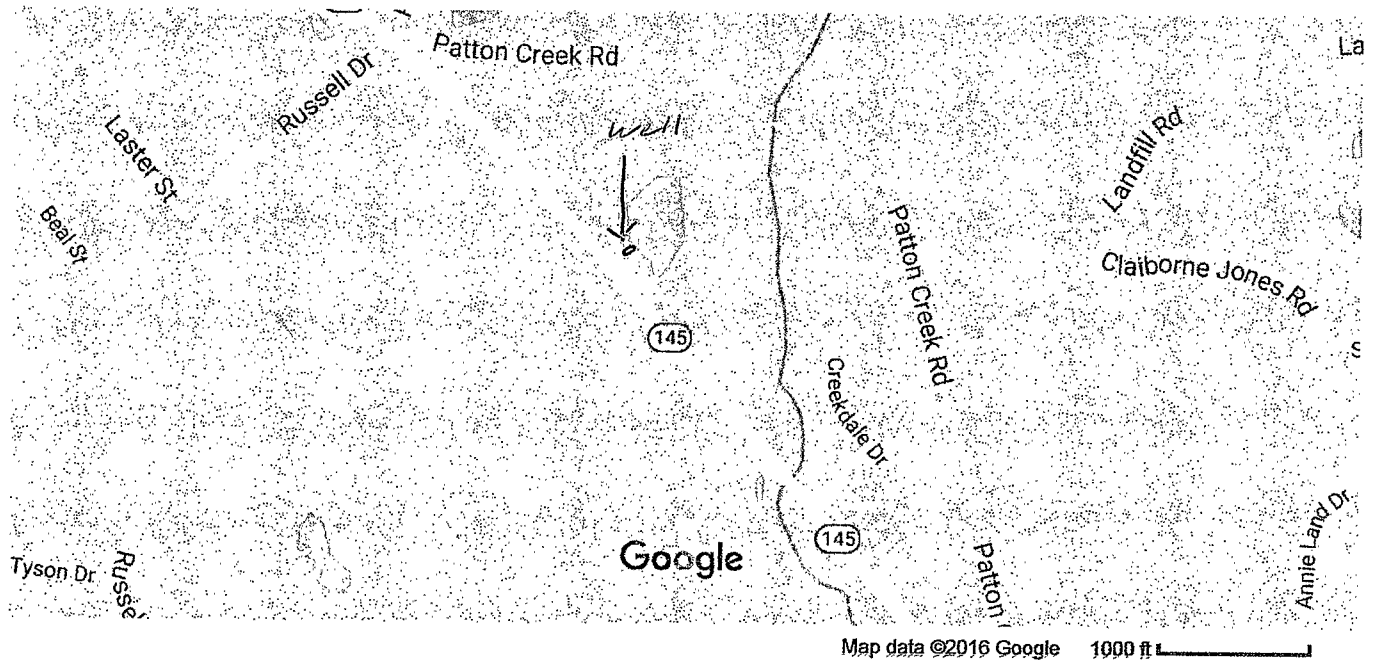
Print Name of Pump Installer and License No. (if applicable)

Form: OLWR-SWR-1B(20108)

By OLWR

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Google Maps



Received

OCT 05 2016

By OLWR