

County: Wayne
 Permit #: _____
 Driller: EARL M JOSELY
 Date drilling completed: 1-29-15

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 26A
 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>DEJUAN WAILEY</u>	Latitude: <u>31° 41' 14"</u> Longitude: <u>88° 37' 19"</u>
Mailing Address: <u>ASPEN DR.</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
<u>Waynesboro MS 39367</u>	USGS quad, <u>NE SE</u> <input checked="" type="checkbox"/> <u>76</u> <input checked="" type="checkbox"/> <u>8N</u> <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	<u>1</u> Miles <u>EAST</u> of <u>Waynesboro</u>

Well / Borehole Data

Date drilling started: 1-28-15 Date drilling completed: 1-29-15 Hole depth: 210' Hole diameter: 4"

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

Method of dosing and volume of Chlorine used in drilling and development: 402 HTH per 1000

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): N/A

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: 122' feet above or below (circle one) land surface Date measured: 1-29-15

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

Well depth: 210' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 178' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

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*

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

FEB 20 2015

BY: OLWR

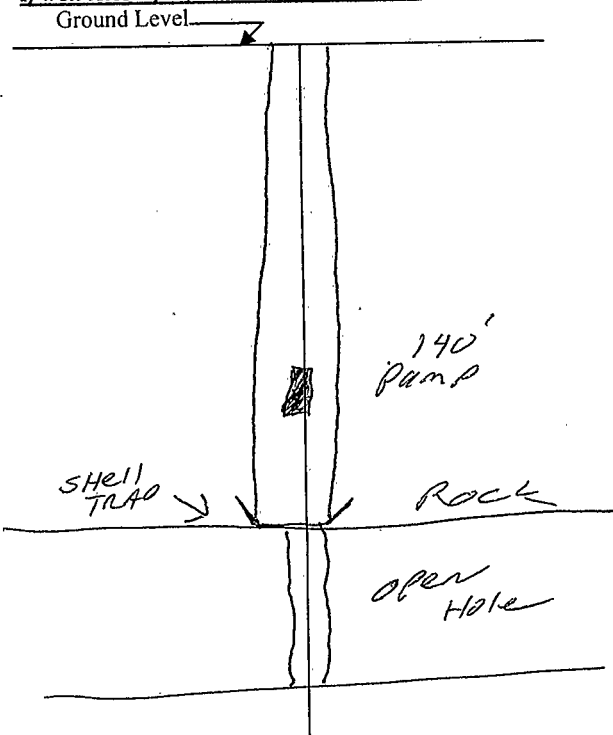
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0264

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	2
Red Sand	2	17
CHALK	17	32
Fine SAND	32	60
Med SAND	60	75
CLAY	75	78
Fine Med SAND	78	103
Blue CLAY	103	115
ROCK	115	116
Blue CLAY	116	125
ROCK	125	126
CLAY	126	128
ROCK	128	129
STRATON	129	132
ROCK	132	133
MED. GRAY SAND	133	155
Blue CLAY	155	178
ROCK	178	210

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.

184 EAST TO M^EILWAINE DR. ON RT. GO 1/4 mile
 TO TIMBER RIDGE ON LT HOLD 1ST LEFT GO TO
 THE NEXT LEFT GO ~~TO THE NEXT LEFT GO TO~~
~~HOUSE ON RT. GO TO CORNER~~ GO 1/2 mile TO ASPEN
 DR. ON LET GO TO 2ND NO HOUSE ON LEFT

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FEB 20 2015

BY: OLWR

Landowner Name: DEJUAN WALLER

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.

Print Name of Responsible Licensee and License No.

Date

Earl Morley

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:

County: Wayne
 Permit #: _____
 Driller: EARL MOSLEY
 Date completed: 2-10-15
Copy information from block on Part 1

Aquifer: _____
 Well #: 0264
 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>DEJUAN WALLEY</u>	Latitude: <u>31-41-14</u> Longitude: <u>88-37-19</u>
Mailing Address: <u>ASPEN 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	<u>NE 1/4 SE 1/4 Sec 6 T 8N R 6W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1</u> Miles <u>EAST</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>2-10-15</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-10-15</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): 160 <u>160</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): 170 <u>170</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>48</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>24</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.

Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer: Earl Mosley

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 Form: OLWR-SWR-1B (04/08)
 FEB 20 2015
 BY: OLWR