

County: Wayne  
 Permit #: 5496  
 Driller: EARL ROSELEY  
 Date drilling completed: 12-7-18

**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: 1530267  
 Well #: \_\_\_\_\_  
 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.*

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>JAMES WALLER</u>          Mailing Address: <u>BOB WEST RD</u>  <u>WAYNESBORO</u>  <u>MS 39367</u>          City State Zip Code          Telephone No. <u>601 351 2972</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 37' 41"</u> Longitude: <u>88° 33' 14"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS  <u>SE 1/4 NE 1/4 Sec 14</u> Twn <u>8N</u> Rng <u>6W</u>          Distance Direction Nearest Town  <u>6</u> Miles <u>EST</u> of <u>WAYNESBORO</u></p>
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**Well / Borehole Data**

Date drilling started: 12-4-18 Date drilling completed: 12-7-18 Hole depth: 300 Hole diameter: 4"  
 Location of the source of any surface water used for drilling: 937 COUNTY LAKE DRINKING 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: AG  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 138 feet above or below (circle one) land surface Date measured: 12-7-18  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 300 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 262 feet Casing diameter: 4" inches Type of casing: PVC  
 Screen length: OPEN feet Screen diameter: 4" inches Type of screen: PVC  
 Screen slot size: 0.02 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*



# STATE WELL REPORT

## Part 2

Pump Installer's Completion Report  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 7309  
Jackson, MS 39225  
(601)961-5210  
(601)961-5228 (fax)

For Office Use Only:

Applic: \_\_\_\_\_

Well #: 1530267

Elevation: \_\_\_\_\_

County: WAYNE  
 Permit #: 5496  
 Driller: EARL MASLEY  
 Date completed: 12-7-18  
 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>JAMES WALLACE</u>	Latitude: <u>31 39.41</u> Longitude: <u>88 33.14</u>
Mailing Address: <u>BOB WEST RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>WAYNESBORO MS 39271</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE SE 1/4 Sec 14 T5N R6W</u>
Telephone No. <u>(601) 351-2972</u>	Distance Direction Nearest Town
	<u>0.8</u> miles <u>EAST</u> of <u>WAYNESBORO</u>

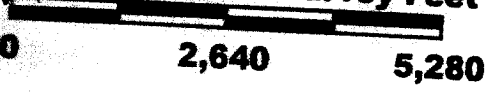
Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	House Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12-11-18</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-11-18</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>136</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B)-(A): <u>44</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>14</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 MASLEY 5496 Earl Masley  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

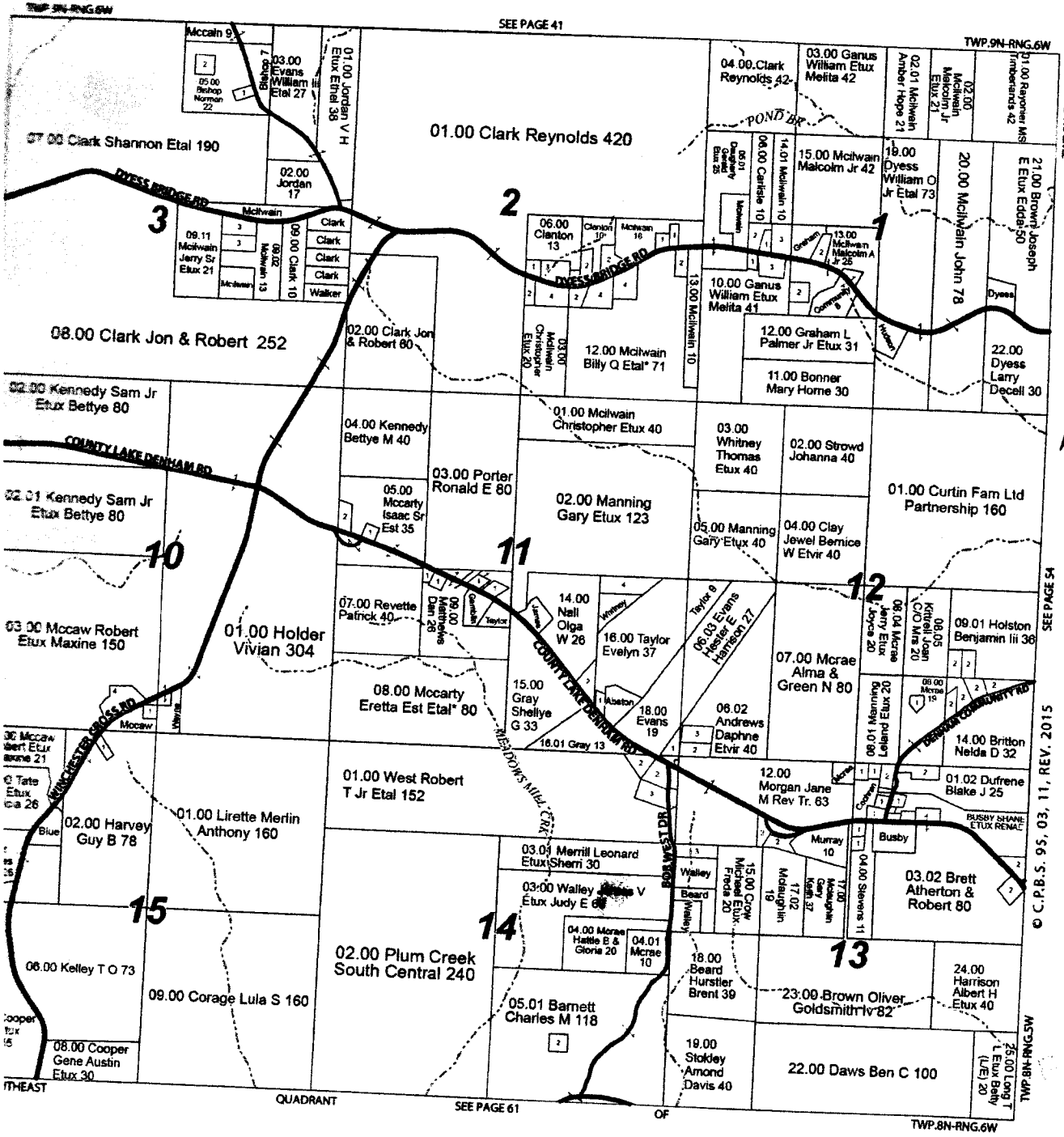
Scale 1:27,000  
1 Inch = 2,250 US Survey Feet



TWP.8N - RNG.6W (NORTHEAST)

WAYNE COUNTY, MISSISSIPPI

φ 267



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TWP.9N-RNG.6W

TWP.8N-RNG.5W



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TWP.8N-RNG.5W

TWP.8N-RNG.6W

QUADRANT

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