

# STATE WELL REPORT

274

County: Wayne  
 Permit #: 5496  
 Driller: Earl Masley  
 Date drilling completed: 4-30-19

**Part 1  
 Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5555  
 (601)961-5228 (fax)

**For Office Use Only:**

Well #: 0268  
 Aquifer: \_\_\_\_\_  
 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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>John Walker</u>	Latitude: <u>31-37'43"</u> Longitude: <u>88-34'8"</u>
Mailing Address: <u>162 Eunice Bonner Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Waynesboro MS 39367</u>	<u>NE 1/4 SE 1/4, Sec 27 T 8N R 6W</u>
City State Zip Code	<u>6</u> Miles <u>SOUTH</u> of <u>Waynesboro</u>
Telephone No. <u>(601) 412 0161</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 4-30-19 Date drilling completed: 5-1-19 Hole depth: 160 Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 County Lake Denham Rd

Method of dosing and volume of Chlorine used in drilling and development: 402 HTA Per 1000

Logs run (check all applicable):  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 all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 79' feet  above or  below land surface Date measured: 5-1-19  
(check one)

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 160' Well grouted to a depth of: 10' feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 130' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 30' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #8 inches Setting depth: From 130' feet to 160' feet

Type of completion (check all applicable)  gravel packed  Underreamed  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*

**RECEIVED  
 JUL 12 2019  
 BY OLWR**



# 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 #: 0 268  
Elevation: \_\_\_\_\_

County: Wayne  
Permit #: 5496  
Driller: EARL MOSELEY  
Date completed: 5-1-19  
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>JOHN WALKER</u>	Latitude: <u>31-37-43"</u> Longitude: <u>88-34-6"</u>
Mailing Address: <u>162 Eunice</u> <u>Bonner RD</u> <u>Waynesboro MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SE 1/4 Sec 27 T 8N R 6W</u>
Telephone No. (601) <u>410-0161</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>6</u> Miles <u>SOUTH</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 1/2</u>
Date Pump Installed: <u>5-3-19</u>	Setting Depth: <u>120'</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: _____

RECEIVED  
JUL 12 2019  
BY OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-3-19</u>	Air Line: _____ Electric Measuring Line: _____ <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>79</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>41</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>40</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 Moseley 5496  
Print Name of Pump Installer and License No. (if applicable)

Earl Moseley  
Signature of Pump Installer

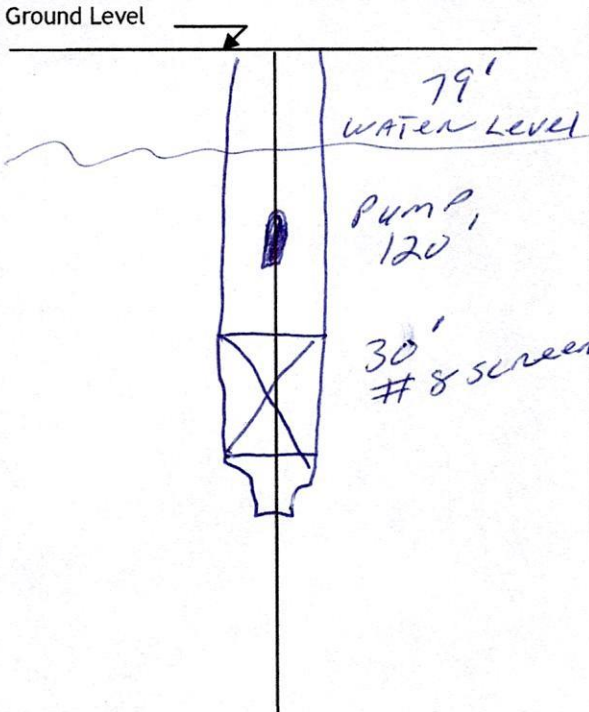


County: WAYNE  
 Permit #: 5496

**For Office Use Only:**  
 Well #: \_\_\_\_\_

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)
	Ground level	
RED SAND	0	15
YELLOW SAND	15	25
CHALK	25	30
SAND	30	42
CHALK	42	60
RED SAND	60	68
FINE SAND	68	75
MED SAND	75	87
CLAY	87	130
RED SAND	130	140
WHITE SAND	140	160
CLAY	160	165

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) north arrow

**RECEIVED**  
**JUL 12 2019**  
**BY OLWR**

Landowner Name: \_\_\_\_\_

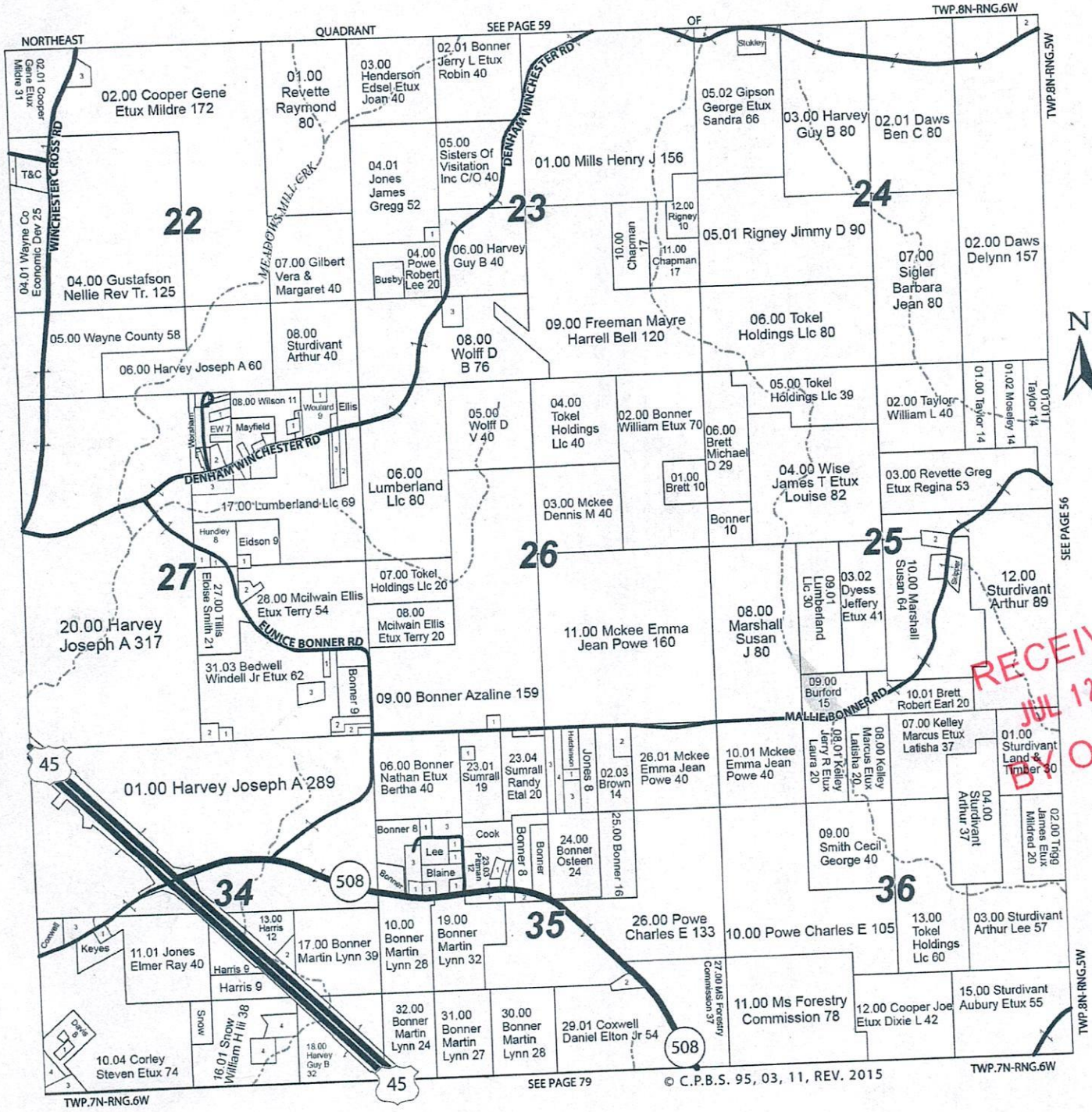
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. \_\_\_\_\_ Date \_\_\_\_\_ Signature of Licensee \_\_\_\_\_



Scale 1:27,000

1 Inch = 2,250 US Survey Feet



RECEIVED  
JUL 12 2019  
BY OLWR

SEE PAGE 79

© C.P.B.S. 95, 03, 11, REV. 2015

TWP.7N-RNG.6W