

# STATE WELL REPORT

206

County: Wayne  
 Permit #: 5496  
 Driller: Earl Mosley  
 Date drilling completed: 1-27-20

**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 #: 0271  
 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>Donnie Thornton</u>	Latitude: <u>31.645</u> Longitude: <u>88.603</u>
Mailing Address: <u>Alice St.</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 20 T 8N R 6W</u>
Telephone No. <u>(601) 410 6905</u>	<u>3</u> Miles <u>SOUTH</u> of <u>Waynesboro</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 1-15-20 Date drilling completed: 1-27-20 Hole depth: 245 Hole diameter: 4

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

Method of dosing and volume of Chlorine used in drilling and development: 4.02 HTA

Logs run (check all applicable):  log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: N/A

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: 60' feet  above or  below land surface Date measured: 1-27-20  
(check one)

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

Well depth: 245 Well grouted to a depth of: 10 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 210 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: open feet Screen diameter: \_\_\_\_\_ inches Type of screen: Open Hole

Screen slot size: N/A inches Setting depth: From 210 feet to 245 open 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*

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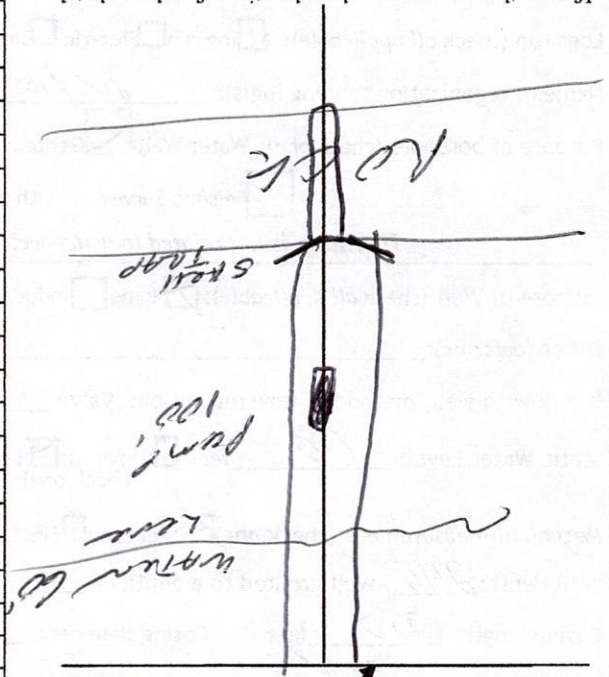
Print Name of Responsible Licensee and License No. \_\_\_\_\_ Date \_\_\_\_\_ Signature of Licensee \_\_\_\_\_

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.

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

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

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



Ground Level

If well telescopes, show depths on sketch.

The sketch below only required for water wells

County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	2	2
SAND	2	45
CHARIT	45	50
SAND	50	100
SAND	100	117
GRAY CLAY	117	118
ROCK	117	118
CLAY	118	121
ROCK	121	123
CLAY	123	129
ROCK	129	129
CLAY	129	133
ROCK	133	139
SAND	139	165
GRAY CLAY	165	210
ROCK	210	245

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

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



# 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 MUSSIEY  
Date completed: 1-27-20  
Copy information from block on Part 1

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: 0 271  
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>Donnie Thornton</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	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	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(601) 410 6905</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>South of</u> <u>Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <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>1-30-20</u>	Setting Depth: <u>100'</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>1-30-20</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>60</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>40'</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>15</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 MUSSIEY 5496  
Print Name of Pump Installer and License No. (if applicable)

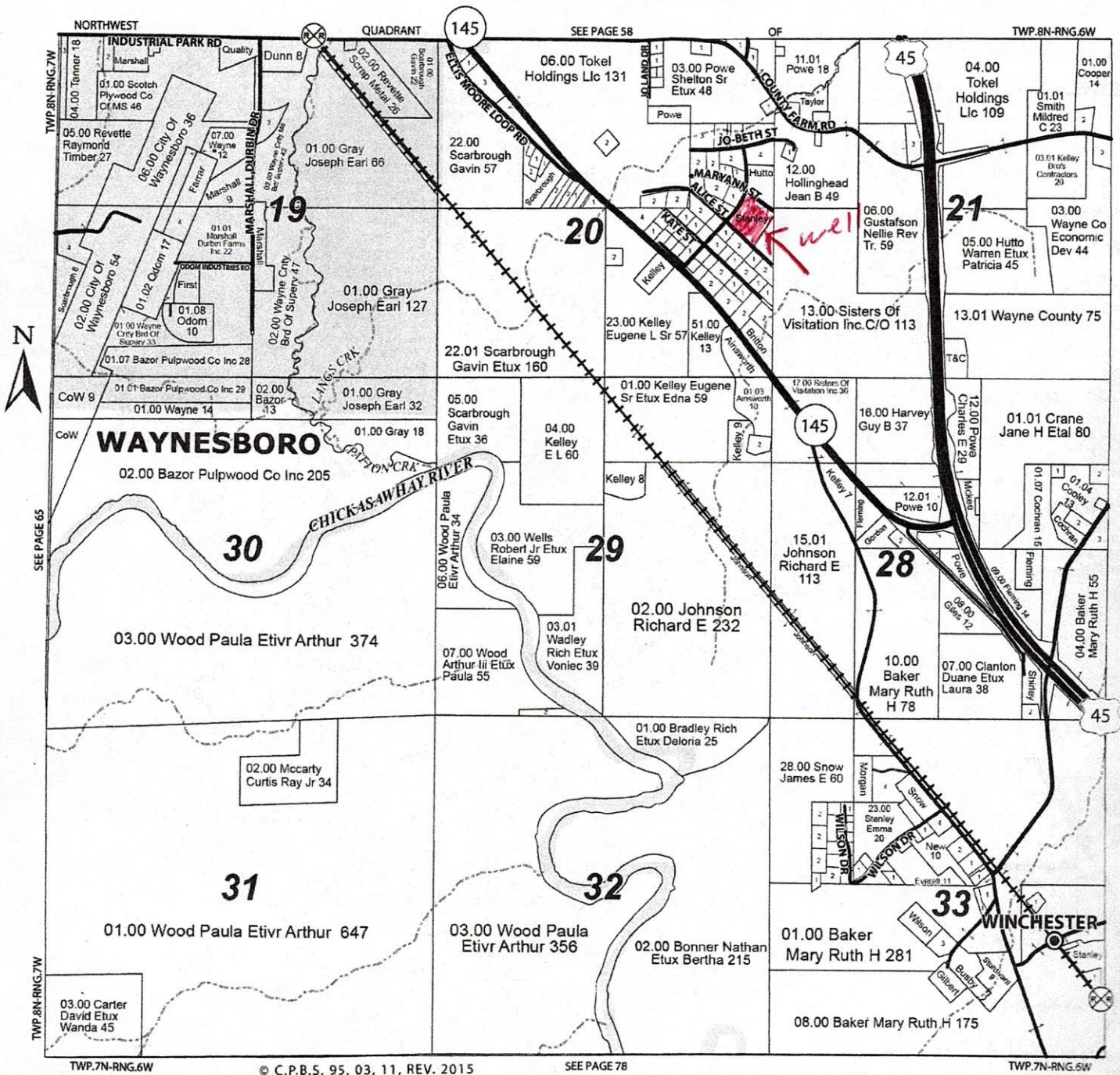
Earl Mussiey  
Signature of Pump Installer

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Form: OLWR-SWR-1B (04/08)



*Dorrie Thorton*



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