

County: Wayne
 Permit #: _____
 Driller: EARL ROSELEY
 Date drilling completed: 7-6-17

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 39226
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: P83
 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)*

Owner Name: Buddy Wadham
 Mailing Address: County Lake DeHann
Waynesboro MS 39367
 City State Zip Code
 Telephone No: (601) 498-6501

Well or Borehole Location

Latitude: 31° 6' 50" Longitude: 88° 49' 00"
31-39-00 88-29-46
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
NE NW
NW 1/4 NW 1/4 Sec 21 Twn 8N Rng 5W
 Distance Direction Nearest Town
12 Miles EAST of Waynesboro

Well / Borehole Data

Date drilling started: 7-6-17 Date drilling completed: 7-6-17 Hole depth: 165 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 837 County Lake DeHann R.O.
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 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: 108 feet above or below (circle one) land surface Date measured: 7-6-17

Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 165 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: 145 feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #8 inches Setting depth: From 145 feet to 165 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*

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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 #: P83

Elevation: _____

County: Wayne
 Permit #: 5496
 Driller: EARL MOSELEY
 Date completed: 7-6-17
 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 at the above address within 30 days of well completion.

Well Owner Information		Well Location	
Owner Name: <u>Buddy Washam</u>		<u>31-39-00</u>	<u>88-29-46</u>
Mailing Address: <u>County Lake Denton RD</u>		Latitude: <u>31-250</u>	Longitude: <u>88-496</u>
<u>Waynesboro MS 39367</u>		Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey	
City State Zip Code		USGS quad _____ <input checked="" type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS	
Telephone No. <u>(601) 498 6501</u>		<u>N/4, N/4, Sec 21 T 8N R 5W</u>	
		<u>NE NW</u>	
		Distance	Direction
		<u>12</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
Bucket	<input type="checkbox"/> Piston	<input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> <u>Electric Motor</u>	<input type="checkbox"/> Hand	<input type="checkbox"/> Tractor PTO
Centrifugal	<input type="checkbox"/> Rotary	<input type="checkbox"/> Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1/2</u>		
Date Pump Installed: <u>7-17-17</u>			Setting Depth: <u>140</u> feet		
Rated Pump Capacity: <u>7 GPM</u> Gallons Per Minute			Number of Stages: _____		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>7-17-17</u>		Air Line	<input checked="" type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>108</u> Feet Below Land Surface		Electric Measuring Line	
Pumping Water Level (B): <u>140</u> Feet Below Land Surface		Other (specify): _____	
Drawdown [(B) - (A)]: <u>32</u> Feet Below Land Surface		For flowing well, measured shut in head: _____ feet	
Test Pumping Rate: <u>12</u> Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
Duration of Pump Test (minimum 4 hours): _____ hours			

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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

