

County: W. Wayne  
 Permit #: 5496  
 Driller: EARL MOSELEY  
 Date drilling completed: 2-28-18

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2300  
 Jackson, MS 39226  
 (601)961-5210  
 (601)961-5226 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: P85  
 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: JERRY LEE LEWIS  
 Mailing Address: 226 TAYLOR RD  
BUCKATUNGA MS 39322  
 City State Zip Code  
 Telephone No: (601) 412-9585

**Well or Borehole Location**  
 Latitude: 88° 48' 31" N Longitude: 31° 6' 53" W  
 31-39-11 88-29-10  
 Method of Lat/Long (circle one): Conventional Survey  
 USGS quad, Hand-held GPS, Survey-grade GPS  
 NE 1/4 NE 1/4 Sec 21 Twn 8N Rng 5W  
 Distance Direction Nearest Town  
11 Miles EAST of Waynesboro

**Well / Borehole Data**  
 Date drilling started: 2-12-18 Date drilling completed: 2-12-18 Hole depth: 120 Hole diameter: 4"  
 Location of the source of any surface water used for drilling: 337 Sunnyvale Drive RD  
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 8.00 10.00 5.00  
 Logs run (circle all applicable): LOG 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, state 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: 84 feet above or below (circle one) land surface Date measured: 2-28-18  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 100 feet Casing diameter: 4" inches Type of casing: PVC  
 Screen length: 10 20 feet Screen diameter: 4" inches Type of screen: PVC  
 Screen slot size: #8 inches Setting depth: From 100 feet to 120 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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Print Name of Responsible Licensee and License No. Earl Mosley 5496

Date \_\_\_\_\_

Signature of Licensee Earl Mosley

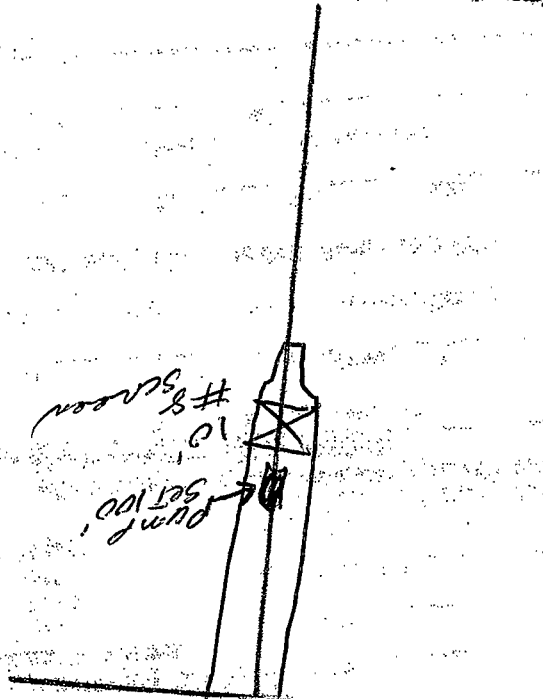
I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Form: OL WR-SWR-1A (04/08)

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) a north arrow.

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



Description of Formations Encountered	
From (depth)	To (depth)
Top soil	2
Red sand	2
SPIN RED SAND	11
CHALK	60
pink clay	62
Med sand	88
Loam sand	98
Loam sand	100
Loam sand	102
Loam sand	105
Loam sand	115
Loam sand	120

Description of formations encountered shall be recorded for all wells and boreholes. Screen location(s) encountered by recording

The sketch below only required for water wells  
 If well is cased, show casing on sketch  
 Ground Level

# 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) 961-5226 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: P85  
 Elevation: \_\_\_\_\_

County: Wayne  
 Permit #: 5496  
 Installer: Earl Mowley  
 Date completed: 2-28-18  
 Copy information from Mark 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 submitted with this Department of the above address within 30 days of well completion.*

Well Owner Information		Well Location	
Owner Name: <u>JERRY LEE LEWIS</u>		Well Location: <u>31-39-11 88-29-10</u>	
Mailing Address: _____ <u>JOE TAYLOR RD</u>		Latitude: <u>88-486</u> Longitude: <u>31-653</u>	
<u>BUCKATUNNA MS 39322</u>		Method of Lat/Long (check one): Conventional Survey _____	
City State Zip Code		USGS quad _____, Hand-held GPS _____, Survey grade GPS _____	
Telephone No. <u>(601) 410 9585</u>		<u>NE 1/4 NE 1/4 Sec 21 T 89N R 5W</u>	
		Distance	Direction
		<u>11 Miles</u>	<u>EAST of 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>1/2</u>		
Date Pump Installed: <u>2-28-18</u>			Sinking Depth: <u>100</u> feet		
Rated Pump Capacity: <u>27</u> Gallons Per Minute			Number of Stages: _____		

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Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>2-28-18</u>		Air Line _____ Electric Measuring Line _____ Steel Tape _____	
Static Water Level (A): <u>84</u> Feet Below Land Surface		Other (specify): _____	
Pumping Water Level (B): <u>100</u> Feet Below Land Surface		For flowing well, measured start in head: _____ feet	
Drawdown (B)-(A): <u>16</u> Feet Below Land Surface		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
Test Pumping Rate: <u>10</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.

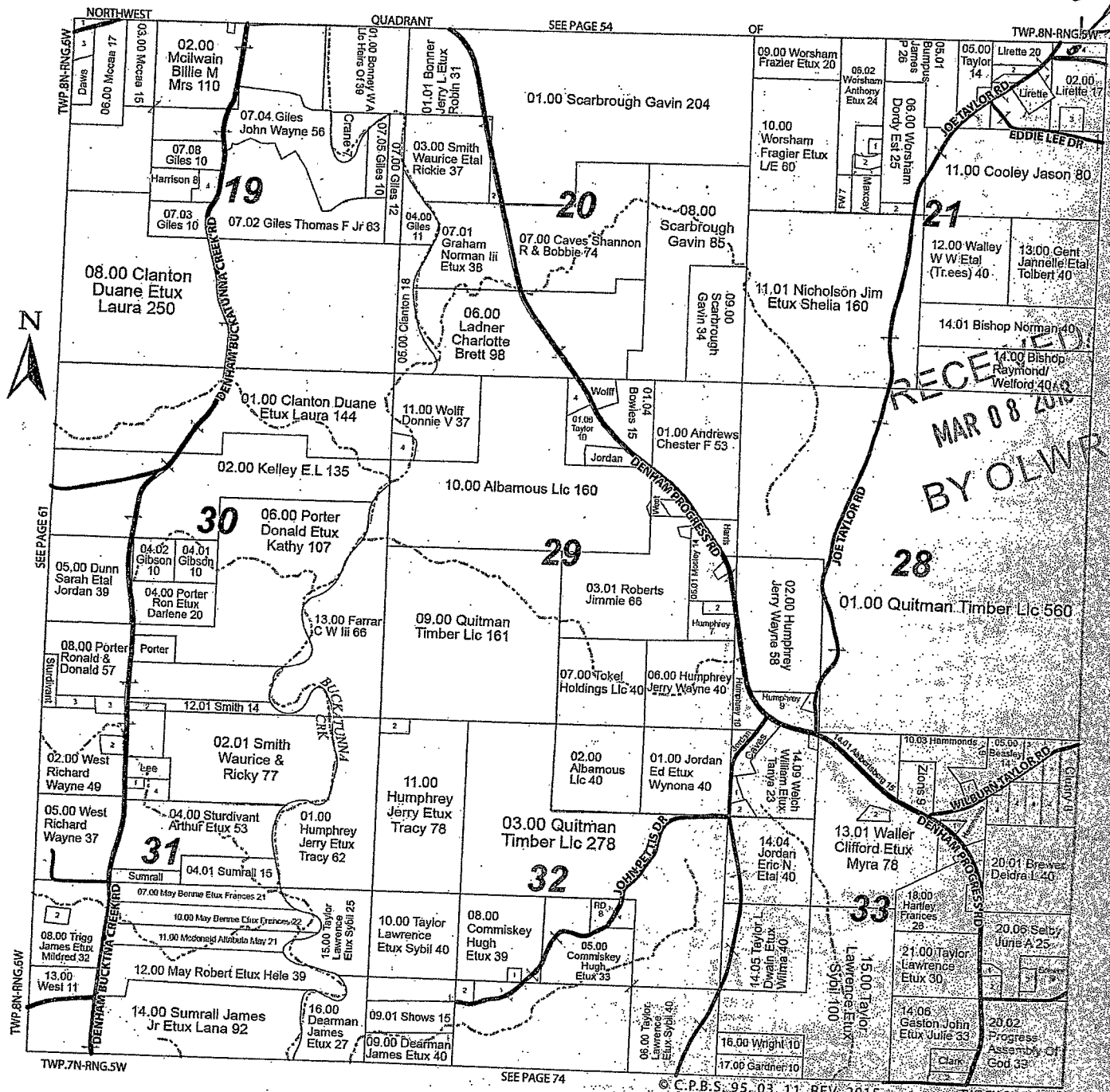
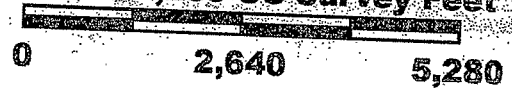
Earl Mowley 5496      Earl Mowley  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

TWP.8N - RNG.5W (SOUTHWEST)

WAYNE COUNTY, MISSISSIPPI

Scale 1:27,000

1 Inch = 2,250 US Survey Feet



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well

