

#1 Well

County: Wayne
 Permit #: _____
 Driller: Randall Cain
 Date drilling completed: 5/2/2019

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: _____
 Well #: P86
 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)	Well or Borehole Location
Owner Name: <u>Jason Cooley</u>	Latitude: <u>31° 38' 56"</u> Longitude: <u>88° 29' 19"</u>
Mailing Address: <u>39 Eddy Lee Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Buckatunga, MS 39339</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>S 1/4 E 1/4 Sec 27 Twn 8N Rng 5W</u>
Telephone No. <u>(601) 310 2402</u>	Distance Direction Nearest Town
	<u>10 Miles SE of Waynesboro MS</u>

Well / Borehole Data

Date drilling started: 4/30 Date drilling completed: 5/2 Hole depth: 110 Hole diameter: 4"

Location of the source of any surface water used for drilling: Buckatunga Water Ass.
 Method of dosing and volume of Chlorine used in drilling and development: _____

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: Chicken Farm

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

Static Water Level: 6.5 feet above or below (circle one) land surface Date measured: 5/2/2018

Method of Measurement (circle one) steel tape electric tape air line other: String

Well depth: 110 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 90 feet to 110 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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Southern MS Water Well Drilling
 Lic. # 0-834

Randall Cain
 5/7/2018

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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 #: P86
 Elevation: _____

County: Wayne
 Permit #: _____
 Driller: Dwight L. Cain
 Date completed: 5/2/2018
 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.

#1 well

Well Owner Information

Owner Name: Jason Cooley
 Mailing Address: 39 Eddy Lee Dr
Buckatunga, MS 39332
 City State Zip Code
 Telephone No. (601) 310 2402

Well Location

Latitude: 31°38'56" Longitude: 88°29'19"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS , Survey-grade GPS _____
5 SW NE
1/4 E 1/4 Sec 27 T 8N R 5W
 Distance Direction Nearest Town
10 Miles S/E of Waynesboro MS

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 5/2/2018
 Rated Pump Capacity: 35 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 2 hp
 Setting Depth: 100 feet
 Number of Stages: 15

Pump Test Data

Date Well Tested: 5/2/2018
 Static Water Level (A): 6.5 Feet Below Land Surface
 Pumping Water Level (B): 8.5 Feet Below Land Surface
 Drawdown [(B)-(A)]: 2.0 Feet Below Land Surface
 Test Pumping Rate: 45 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): String
 For flowing well, measured shut in head: _____ feet
 Well yielded 45 GPM with a drawdown of
20 feet after 4 hours of pumping

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Southern MS Water Well Drilling
 Lic# 0-831

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

5/7/2018

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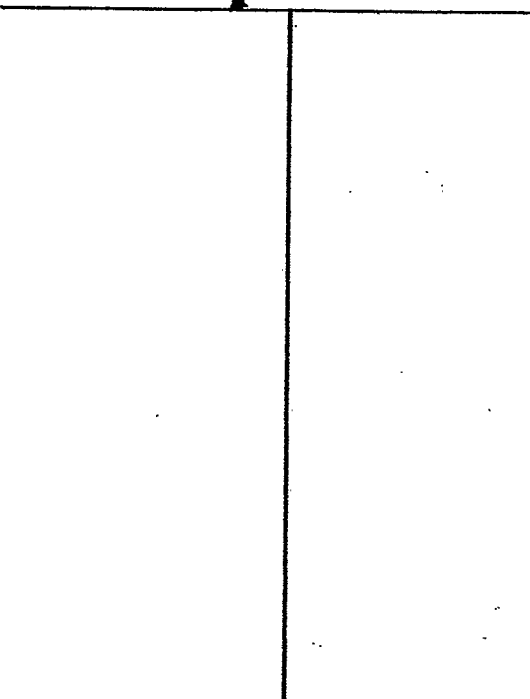
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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

Well #1

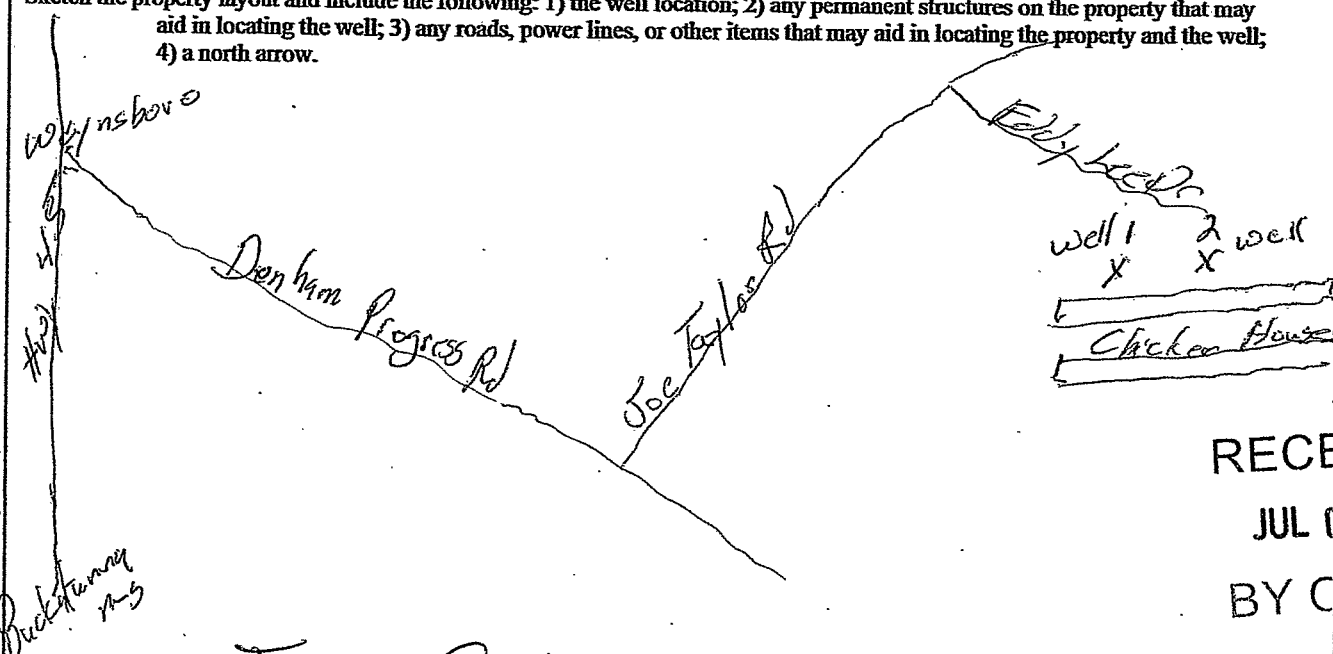


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil & Clay	Ground Level	20
Clay	20	45
Clay & Sand	45	60
Sand	60	110

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) a north arrow.



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Landowner Name: Jason Cooley

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

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.

Southern Ms Water Well 5/7/2018 [Signature]
Print Name of Responsible Licensee and License No. Date Signature of Licensee
Lic # 0-831

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REMEMBER

Faint, illegible text located below the 'REMEMBER' header, likely serving as a reminder or a concluding note.