

County: Wayne  
 Permit #: 5496  
 Driller: EARL JOSELY  
 Date drilling completed: 10-3-18

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2809  
 Jackson, MS 39225  
 (601)881-5210  
 (601)881-8226 (fax)

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**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: P90  
 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 of the above address within 30 days of completion of drilling of the well or borehole.*

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>AMANDA LURTON</u>          Mailing Address: <u>MARTIN SUNLIGHT RD</u>  <u>WAYNESBORO MS 39367</u>          City State Zip Code          Telephone No. <u>(601) 412 7668</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31.40.8</u> Longitude: <u>88.30.24</u>          Method of Lat/Long (circle one): Conventional Survey          USGS quad, Hand-held GPS, Survey-grade GPS  <u>31W 4.5E 1/4 Sec 8 Twn 8N Rng 5W</u>          Distance Direction Nearest Town  <u>11 Miles EAST of Waynesboro</u></p>
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**Well / Borehole Data**

Date drilling started: 10-3-18 Date drilling completed: 10-3-18 Hole depth: 120 Hole diameter: 4"  
 Location of the source of any surface water used for drilling: 837 SANDY LAKE DR. DR. B.D.  
 Method of casing and volume of Chlorine used in drilling and development: 4.02 HIR PVC 1400 GEN  
 Logs run (circle all applicable):  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 purpose of the hole.*

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: 160 feet above or below (circle one) land surface Date measured: 10-3-18  
 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: 82' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 120' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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 information is not available, state the reason.*

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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)

County: Wayne  
 Permit #: 5496  
 Driller: Earl Massey  
 Date completed: 10-3-18  
 Copy information from block on Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: P90  
 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>AGANIDA LORTON</u>	Latitude: <u>31-40-8</u> Longitude: <u>88-30-29</u>
Mailing Address: <u>MARTIN SUNLIGHTERS</u>	Method of Lat/Long (check one): Conventional Survey _____ URGES quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Waynesboro MS 39369</u>	<u>SW 1/4 SE 1/4 Sec 8 T8N R 5W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. <u>(601) 410-7668</u>	<u>11 miles EAST of Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet: <input checked="" type="checkbox"/> Submersible	Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____
Bucket: _____ Piston: _____ Turbine: _____	Electric Motor: <input checked="" type="checkbox"/> Hand: _____ Tractor PTO: _____
Centrifugal: _____ Rotary: _____ Flowing Well: _____	Windmill: _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1HP</u>
Date Pump Installed: <u>10-11-18</u>	Setting Depth: <u>115</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: _____

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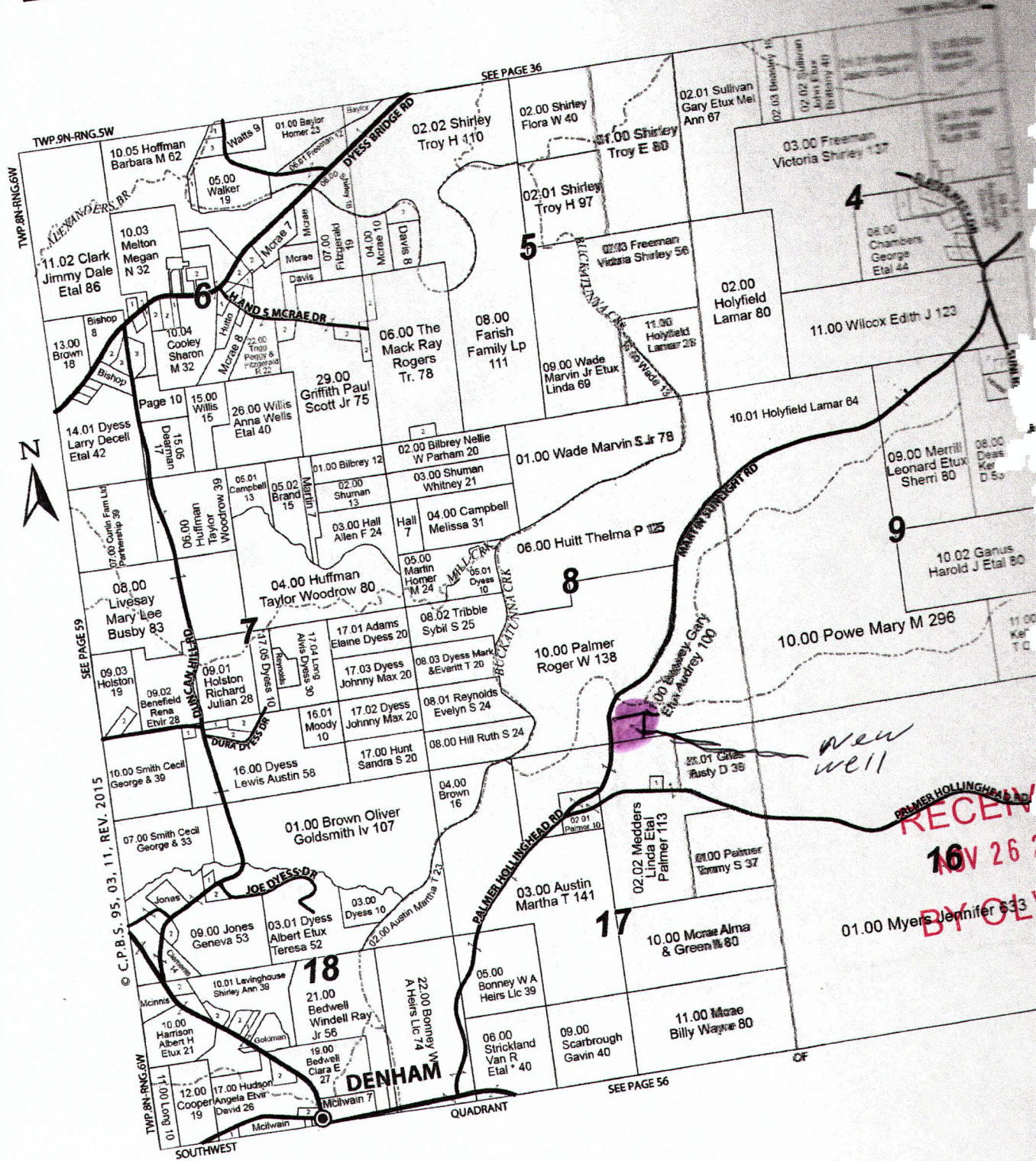
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-11-18</u>	Air Line: _____ Electric Measuring Line: _____ Steel Tape: _____
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>115</u> Feet Below Land Surface	For flowing well, record and state in head: _____ feet
Drawdown (B)-(A): <u>55</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>21</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 Massey 5496      Earl Massey  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer



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