

# STATE WELL REPORT

239

County: Wayne  
 Permit #: 5496  
 Driller: Earl Mosley  
 Date drilling completed: 7-16-19

**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 #: P 91  
 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>DUSTIN DAVIS</u>	Latitude: <u>31.6879</u> Longitude: <u>88.528°</u>
Mailing Address: <u>1333 Dyess BRIDGE RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Waynesboro MS 39367</u>	<u>NE</u> ¼ <u>SW</u> Sec <u>6</u> T <u>8N</u> R <u>5W</u>
City _____ State _____ Zip Code _____	<u>10</u> Miles <u>EAST</u> of <u>Waynesboro</u>
Telephone No. <u>(601) 410 9243</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 7-16-19 Date drilling completed: 7-18-19 Hole depth: 150 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: NONE

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: 94" feet  above or  below land surface Date measured: 7-18-19

(check one)

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

Well depth: 150 Well grouted to a depth of: 10 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 118 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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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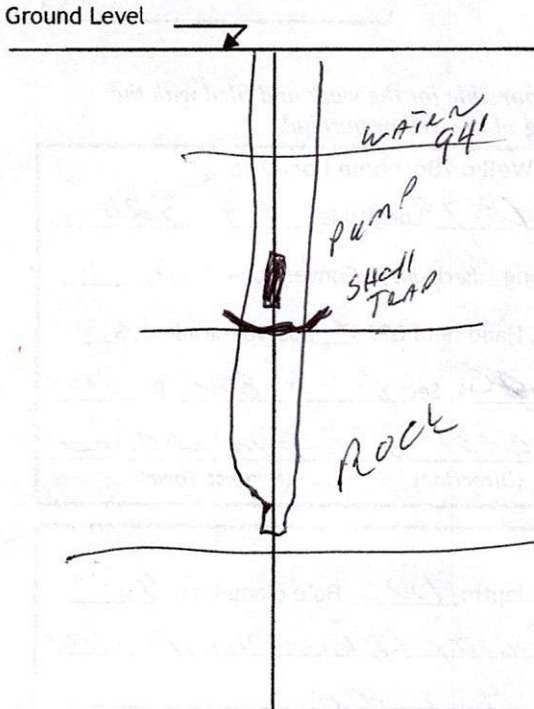


County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_

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

The sketch below only required for water wells  
If well telescopes, show depths on sketch.

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)
SAND	Ground level	34
Rock	34	35
Blue clay	35	99
Rock	59	60
Clay	60	63
Rock	63	75
Brown clay	75	118
Rock	118	150

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) north arrow

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

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.

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



# 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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

### For Office Use Only:

Well #: P 91  
 Aquifer: \_\_\_\_\_

County: Wayne  
 Permit #: 5496  
 Driller: Earl Mosley  
 Date completed: 7-18-19  
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>DUSTIN DAVIS</u>	Latitude: <u>31-687</u> Longitude: <u>88-528</u>
Mailing Address: <u>1333 Dyess BRIDGE RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Waynesboro MS 39367</u>	<u>1E 1SW</u> 1/4, Sec <u>6</u> T <u>8N</u> R <u>5W</u>
City State Zip Code	<u>10</u> Miles <u>EAST</u> of <u>Waynesboro</u>
Telephone No. (601) <u>410 9243</u>	(Distance) (Direction) (Nearest Town)

Pump Type (check one)
Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____
Date Pump Installed: <u>8-1-19</u> Rated Pump Capacity: <u>7 GPM</u> Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement
Power Type (check one)
Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____
Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>120</u> feet Number of Stages: _____

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Pump Test Data for Non Flowing Well
Date Well Tested: <u>8-1-19</u> Duration of Pump Test (minimum 4 hours): <u>4</u> hours
Static Water Level (A): <u>94</u> Feet Below Land Surface Pumping Water Level (B): <u>94</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>0.06</u> Feet Below Land Surface Test Pumping Rate: <u>12</u> Gallons Per Minute
Method of measurement (check one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____

Pump Test Data for Flowing Well
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

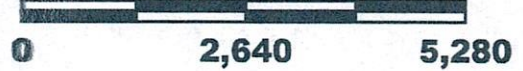
Meter Installation
Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: _____
Is This Meter (check one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement
<i>Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.</i>

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

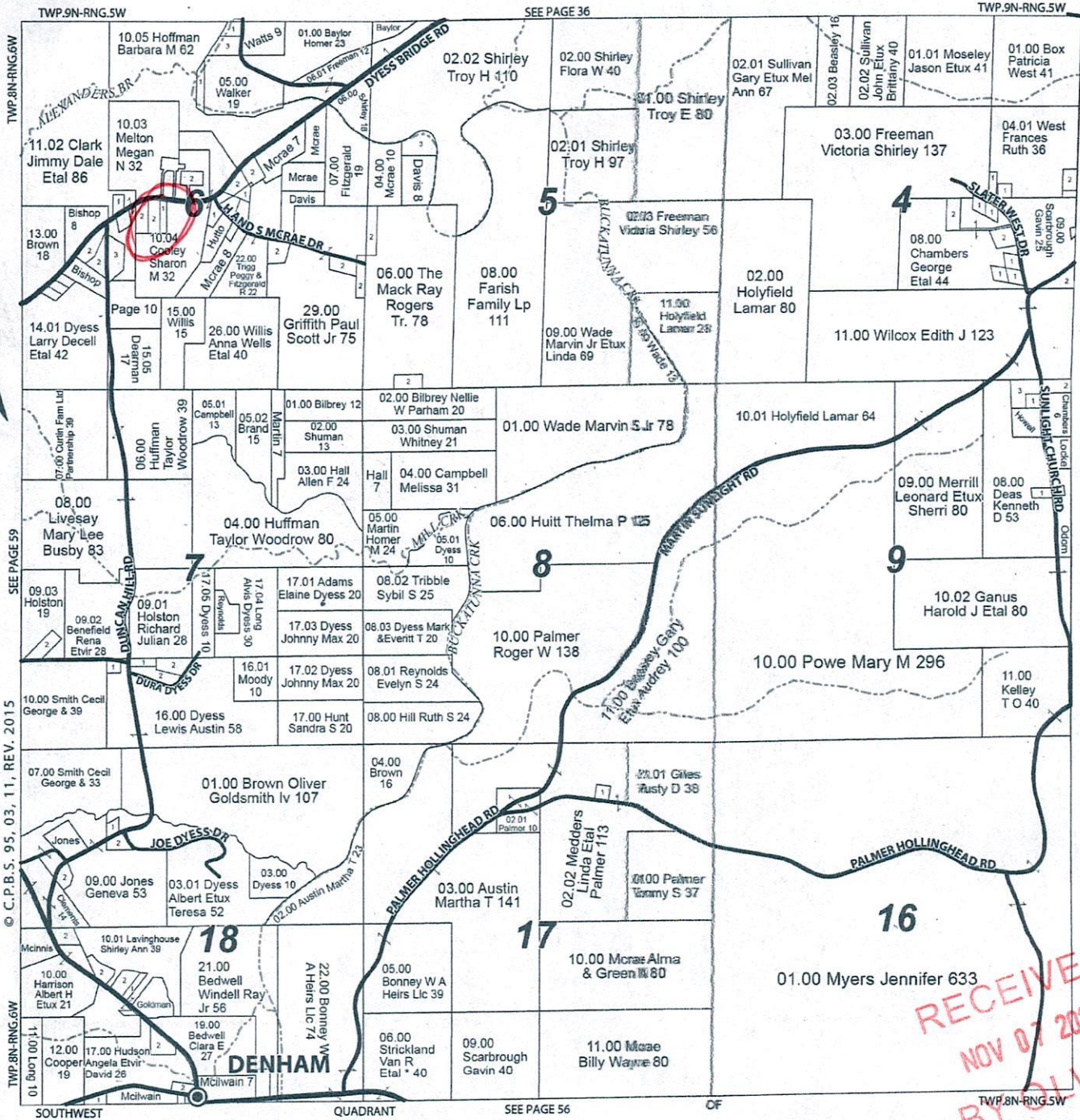
Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_ Date \_\_\_\_\_ Signature of Pump Installer \_\_\_\_\_



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