201

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 39225-2309
(601)961-5555
(601)961-5228 (fax)

County: Wayne
Permit #: 5496
Driller: EARL MOSLEY
Date drilling completed: 1-6-20

For Office Use Only:
Well #: P 92
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
(Landowner if borehole is not for a water well)

Owner Name: JASON COOLEY
Mailing Address: MARTIN SUNLIGHT
WAYNESBORO MS 39367
City State Zip Code
Telephone No. (601) 310 2402

Well or Borehole Location

Latitude: 31-679 Longitude: 88-503
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS X, Survey-grade GPS____
SW ME ¼ NE ¼, Sec 8 T 8N R 5W
10 Miles (*Distance*) EAST (*Direction*) of Waynesboro (*Nearest Town*)

Well / Borehole Data

Date drilling started: 1-5-20 Date drilling completed: 1-6-20 Hole depth: 105 Hole diameter: 4"
Location of the source of any surface water used for drilling: 837 COUNTY LAKE DEMAND
Method of dosing and volume of Chlorine used in drilling and development: 4 oz HTH
Logs run (check *all applicable*): ☐ log run ☐ Electric ☐ Gamma Ray ☐ Density ☐ Sonic ☐ Neutron Other: N/A
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*)

RECEIVED
FEB 06 2020
BY OLWR

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*): CAMP
If a flowing well, method of flow regulation: Valve _____ Other (*describe*) _____
Static Water Level: 42 feet [☐ above or ☒ below] land surface (check *one*) Date measured: 1-6-20
Method of measurement (check *one*) ☒ Steel tape ☐ Electric tape ☐ Air line ☐ Other (*describe*): _____
Well depth: 105 Well grouted to a depth of: 10 feet Type of grout (check *one*) ☒ Neat Cement ☐ Bentonite ☐ Mix
Casing length: 75 feet Casing diameter: 4" inches Type of casing: PVC
Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____
Screen slot size: OPEN inches Setting depth: From 75 feet to 105 OPEN feet
Type of completion (check *all applicable*) ☐ ravel 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

County: Wayne

Permit #: _____

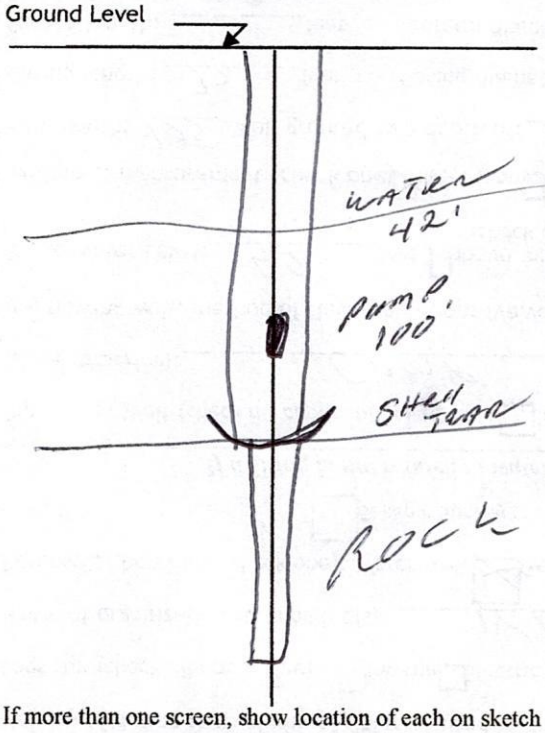
For Office Use Only:

Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



If more than one screen, show location of each 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	35
Clay	30	70
Rock	70	72
Clay	72	73
Rock	73	74
Clay	74	75
Rock	75	105

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.

Earl Moseley	1-6-20	Earl Moseley
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee

Form: OLWR-SWR-1B (*4/13*)

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 MUSELEY
Date completed: 1-6-20
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: P 92
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

Owner Name: JASON COOLEY
Mailing Address: MARTIN SUNLIGHT RD
City: WAYNESBORO State: MS Zip Code: 39367
Telephone No. (601) [redacted] -310- 2402

Well Location

Latitude: 31.679 Longitude: 88503
Method of Lat/Long (check one): Conventional Survey ___, USGS quad ___, Hand-held GPS X, Survey-grade GPS ___
SW ¼ NE ¼ Sec 8 T 8N R 5W
Distance: 10 Direction: EAST Nearest Town: WAYNESBORO
Miles of

Pump Type
Circle one

Air Lift | Jet | (Submersible)
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify): ___
Date Pump Installed: 1-8-20
Rated Pump Capacity: 7 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: 1/2
Setting Depth: 100 feet
Number of Stages: ___

Pump Test Data

Date Well Tested: 1-8-20
Static Water Level (A): 42 Feet Below Land Surface
Pumping Water Level (B): 100 Feet Below Land Surface
Drawdown [(B) – (A)]: 58 Feet Below Land Surface
Test Pumping Rate: 12 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): ___
For flowing well, measured shut in head: ___ feet
Well yielded ___ GPM with a drawdown of ___ feet after ___ hours of pumping

RECEIVED
FEB 06 2020
BY: [illegible]

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

EARL MUSELEY 5496
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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

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

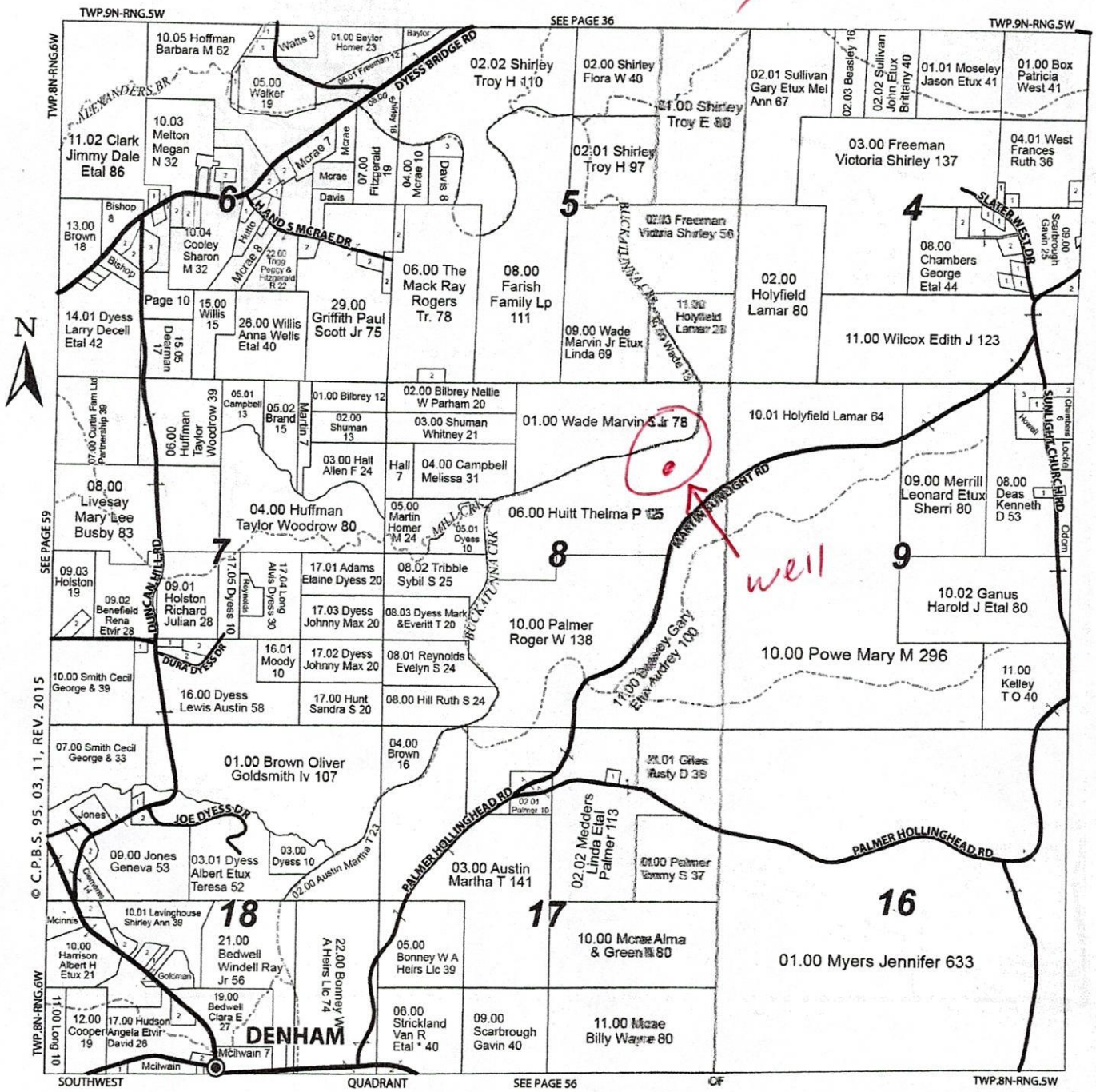
WAYNE COUNTY, MISSISSIPPI

THE ONLY SOURCE YOU NEED
WWW.PLATMAPS.COM

Scale 1:27,000
1 Inch = 2,250 US Survey Feet

0 2,640 5,280

Jason Cooley



RECEIVED
FEB 06 2020
BY OLWR