	State Well Report	
County: Usyne	Part 1 - Driller's Log	For Office Use Only:
Permit #: 5496	Mississippi Department of Environmental Quality	i -
Permit #: 1496	Office of Land and Water Resources	Aquifer: Well #: 34
Driller: EARL MOSEIRY	P.O. Box 2309	Well#: K 3U
Date drilling completed:	Jackson, MS 39225 (601)961- 5210	
Date driving completed:	(601)961- 5228 (fax)	L. S. Elevation:
State I am possines should	` '	E-log #:
Department at the above address w	be prepared by the license holder responsible fo	r the work and filed with the
Information on Well Ow	vner	ell or borehole.
(Landowner if borehole is not for	a water well) Well or	Borehole Location
Owner Name JOHN 5m.	Latitude: $31 \circ 348$	24 Longitude: 88° 50 · 317
Mailing Address: 137 Dern	Method of Lat/Long (circle	one): Conventional Survey,
	ISGS and Ylland ba	ld GPS, Survey-grade GPS
WAYNES 30NO	75 393 C Distance Direction	Twn 72 Rng Sce
City State	Zip Code Distance Direction	Nearest Town
Telephone No. ()	13 Miles S/W	of way ressor
	Weli / Borehole Data	
Date drilling started: $\frac{5-1-16}{6}$ Date drilling	ig completed: <u>5-3-/6</u> Hole depth: <u>/35</u>	Hole diameter: 4''
Location of the source of any surface water us Method of dosing and volume of Chlorine use	sed for drilling: <u>\$37 County KARE Dente</u> ed in drilling and development: <u>402</u>	490 RD.
Logs run (circle all applicable): No log run E	Electric Gamma Ray Density Sonic Neutron	Other:
Purpose of borehole (check one): Water Well	Geotechnical/Geological Investigation Ground	1 Source Heat Pump
Seismic Surve	ev Other (describe)	
If drilling is not related to w	vater well construction, skip the remainder of this ble	ack
Purpose of Well (check one): Home X Indust	trial Public Supply Irrigation Fish Culture	Other:
		Out.
If a flowing well, method of flow regulation: V	Other (describe)	
If a flowing well, method of flow regulation: V Static Water Level:feet above of	or below (circle one) land surface Date measured	
Static Water Level:feet above of Measurement (circle one)	or below (circle one) land surface Date measured:	15-3-16
Method of Measurement (circle one) steel ta  Well depth: 135 Well grouted to a depth of	pe electric tape air line other:  Type of grout (circle one) Next Cere	#5-3-16
Method of Measurement (circle one) steel ta  Well depth: 135 Well grouted to a depth of  Casing length: 15 feet Casing diagrams.	pe electric tape air line other:    Description	ent Bentonite Mix
Well depth: 135 Well grouted to a depth of Casing length: 15 feet Casing diagrams feet Screen diagrams.	per below (circle one) land surface Date measured:  per electric tape air line other:  f // feet Type of grout (circle one) Neat Center  meter: // inches Type of casing:  meter: // inches Type of screen:	ent Bentonite Mix  PVC  Pinc
Static Water Level:	electric tape air line other:  f // feet Type of grout (circle one) Neat Ceme  meter:	ent Bentonite Mix  PVC  S feet
Static Water Level:	pe electric tape air line other:    Description	ent Bentonite Mix  PVC  S feet

Top of lap pipe or reduction in casing:

feet. If telescoped or more than one screen, describe on next page
Form: OLWR-SWR-TA (0408)

## The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level.

## 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	Ground Level	a
BED & Pink Clay	2	12
WHITE SAND	12	35
Reliver / GRAJ CHANK	35	62
Fine Sano	62	68
GRAG CLAY	68	107
Fine Package Sans	107	120
fine 5Ans	120	122
TED RESTRICT 5.910	122	135
		<u> </u>
		ļ
		1

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

a north ar	row.	power lines, or other items that m		
and the second s		CHEVELL	Resivour RD.	
		Chae she		84 west
andowner Name:			wayn	essono >

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.

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 (601)961-5210 (601)961-5228 (fax)

For Office Use Only:		
Aquifer:		
Well #: 134		
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.

Date completed: 5

Copy information from block on Part 1

Well Owner Information			
A THE SAME THE STATE OF	Well Location		
Owner Name: JOHN SM. 74	Latitude: 31. 34. 804 Longitude: 88-50-31)		
Mailing Address: 137 Denn, no on Or	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	Say Say Sec 7 T 72 R Sac		
	Distance Direction Nearest Town		
Telephone No. ()	15 Miles 5/w of waynes sore		

Pump Type Circle one		Power Type Circle one			
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):			Horse Power Ratin	g of Motor:	0.
Date Pump Installed:	5-7-1	<u>'C</u>	Setting Depth:	100	feet
Rated Pump Capacity:	19	Gallons Per Minute	Number of Stages:	9	

Pump Test Data	Method of Measuring Water Level	
Date Well Tested: 5-7-14	Circle one	
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B): WC Feet Below Land Surface	Other (specify):	
Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate: 25 Gallons Per Minute	Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping	

I HEREBY CERTIFY that the above statements are true to the best of		Received
FARI MOSELEY 5496	Earl Moseles	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	WR-SWR-TB (04/08) 6
	Form: OL'	WR-SWR-1B (04/08) 10

By OLWR