

289

County: Wayne County
 Permit #: _____
 Driller: David L Cain
 Date drilling completed: 1-9-19

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 #: R 35
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Gary Weirjes</u> Mailing Address: <u>1965 MS 63</u> <u>Waynesboro MS 39368</u> City State Zip Code Telephone No. <u>(601) 735-2181 39367</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31.33.42" N</u> Longitude: <u>88.44.36" W</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS</p> <p>USGS quad <u>1924</u> Sec <u>7N</u> Rng <u>78W</u></p> <p>Distance Direction Nearest Town <u>3</u> Miles <u>South</u> of <u>Clara, MS</u></p>
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Well / Borehole Data

Date drilling started: 12-23-18 Date drilling completed: 1-9-19 Hole depth: 215 Hole diameter: 4"

Location of the source of any surface water used for drilling: Clara Community Water

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

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Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: Farm

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

Static Water Level: 65 feet above or below (circle one) land surface water table Date measured: 1-9-19

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

Well depth: 215 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 195 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: # 10 inches Setting depth: From 195 feet to 215 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: 165 feet. *If telescoped or more than one screen, describe on next page*

So. Ms Water well
LG # 0-3831

Form: OLWR-SWR-1A (04/08)
David L Cain
1-9-2019

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 #: R 35

Elevation: _____

County: Wayne County

Permit #: _____

Driller: David L Cain

Date completed: 1-9-19

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

Owner Name: Gary Waites

Mailing Address: 1965 Hwy 63

Waynesboro Ms 39367
 City State Zip Code

Telephone No. (601) 735-2181

Well Location

Latitude: 31° 33' 42" N Longitude: 88° 44' 36" W

Method of Lat/Long (check one): Conventional Survey _____

USGS quad Hand-held GPS Survey-grade GPS _____

N 1/4 W 1/4 Sec 1924 T 7 N R 78 W

Distance Direction Nearest Town

3 Miles South of Clara

Pump Type

Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 1-9-19

Rated Pump Capacity: 10 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 hp

Setting Depth: 140 feet

Number of Stages: 13 stages

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Pump Test Data

Date Well Tested: 1-9-19

Static Water Level (A): 65 Feet Below Land Surface

Pumping Water Level (B): 80 Feet Below Land Surface

Drawdown [(B) - (A)]: 15 Feet Below Land Surface

Test Pumping Rate: 20 gpm 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 20 GPM with a drawdown of

15 feet after 4 hours of pumping

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

So. Ms Water Well
 Print Name of Pump Installer and License No. (if applicable)

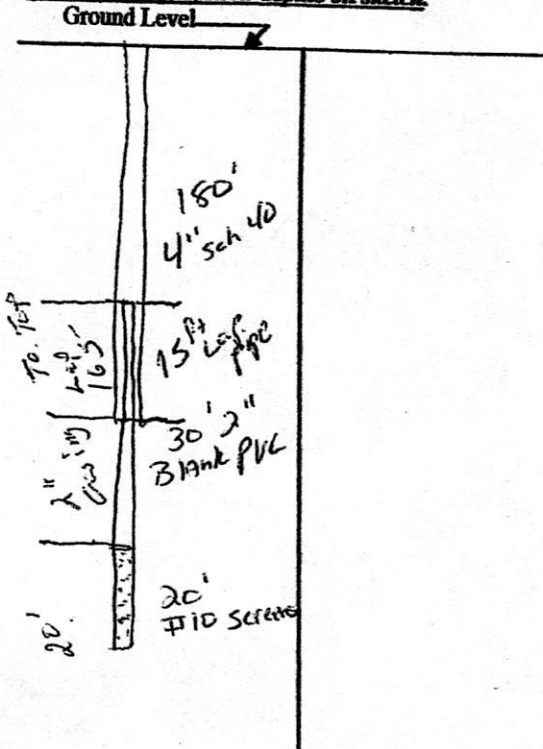
David L Cain 1-9-2019
 Signature of Pump Installer

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

LS#03831

The sketch below only required for water wells

If well telescopes, show depths on sketch

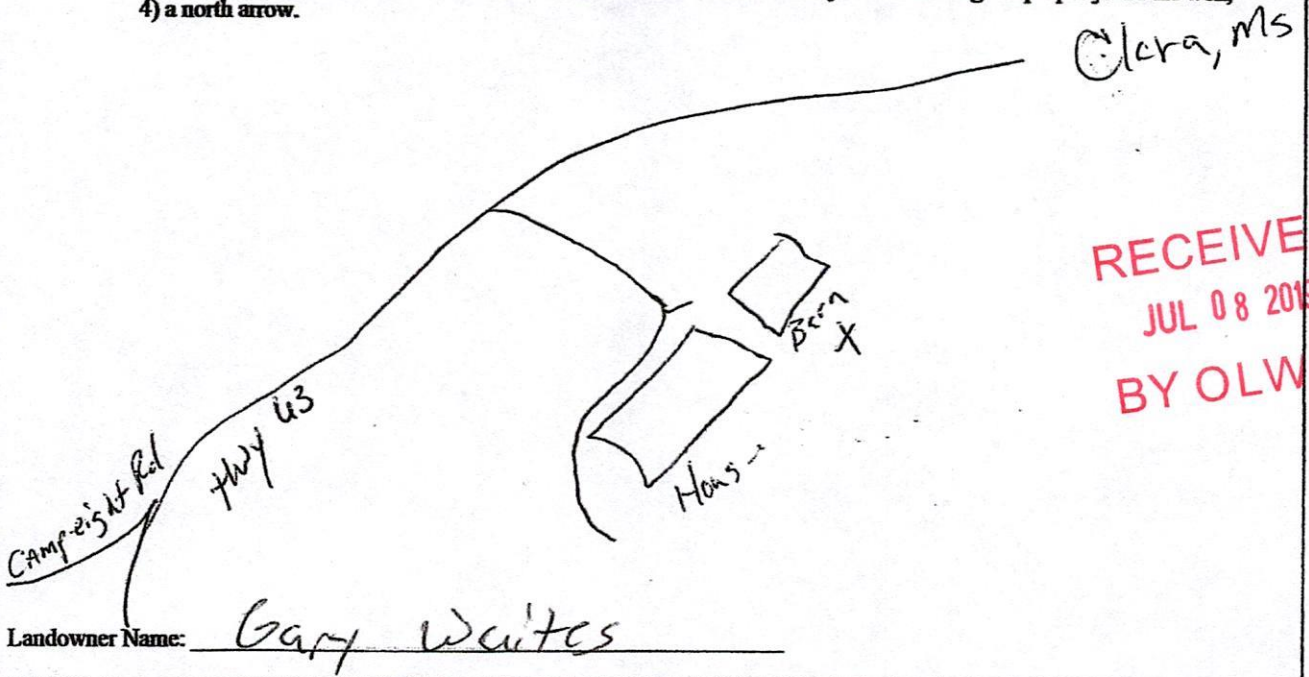


If more than one screen, show location of each on sketch

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)
TOP SOIL/CLAY	Ground Level	
SAND	0	28
CLAY	28	31
SAND	31	90
CLAY	90	91
SAND	91	110
CLAY	110	112
POPPY SAND	112	120
CLAY	120	124
SAND	124	145
CLAY	145	153
WATER SAND	153	175
	175	215

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.



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.

See Me Water Well 1-9-19

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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