

# STATE WELL REPORT

## Part I

### Driller's Log

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 #: 5114  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: WAYNE  
Permit #: 5496  
Driller: EARL MOSELEY  
Date drilling completed: 8-21-13

*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>ANDY COCHRAN</u>	Latitude: <u>N 31-33.911</u> Longitude: <u>W 088-39.088</u>
Mailing Address: <u>640 Buckatanna</u>	Method of Lat/Long (check one): Conventional Survey _____, <sup>55</sup> _____, <sup>02</sup> _____
<u>CHICORA CLARK RD.</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>WAYNESBORO MS 39367</u>	<u>SW</u> <sup>NE</sup> <u>1/4</u> <u>SW</u> <sup>NW</sup> <u>1/4</u> , Sec. <u>13</u> <sup>24</sup> T <u>7</u> N <sup>✓</sup> R <u>7</u> W
City _____ State _____ Zip Code _____	<u>4</u> Miles <u>EAST</u> of <u>CLARK</u>
Telephone No. ( <u>601</u> ) <u>442-381 3618</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8-20-13</u> Date drilling completed: <u>8-21-13</u> Hole depth: <u>130</u> Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: <u>837 COUNTY LAKE DEAN RD</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>402 HTH PER 1000 GAL 602 TOTAL</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>N/A</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> 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 (circle all applicable): Home Industrial Public Supply <input checked="" type="checkbox"/> Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____
Static Water Level: <u>84'</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>8-21-13</u>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line Other (describe): _____
Well depth: <u>130</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite Mix
Casing length: <u>110'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>1/10" #10</u> inches Setting depth: From <u>110'</u> feet to <u>130'</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

*If telescoped or more than one screen, describe on next page*

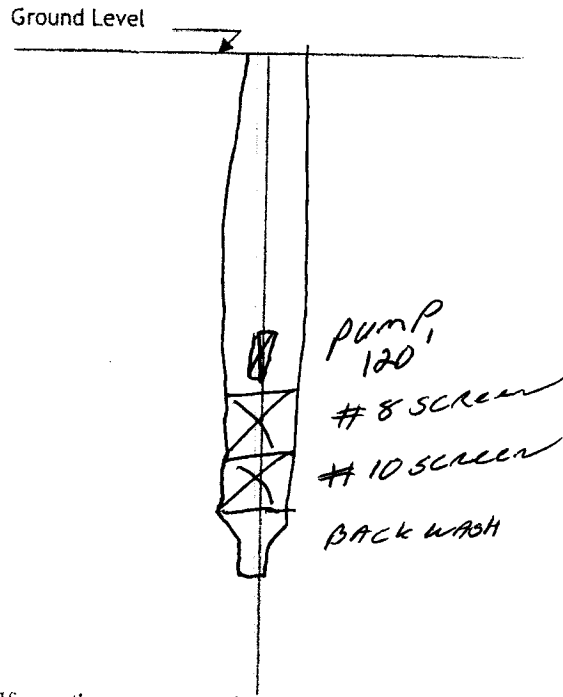
RECEIVED  
SEP 06 2013  
BY: OLWR

County: WAYNE  
 Permit #: 5496

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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)
TOP SOIL	Ground level	3
RED SAND	3	5
BROWN SAND	5	8
RED CLAY	8	12
GRAY CLAY	12	32
FINE SAND	32	47
FINE SHARP SAND	47	50
BLUE CLAY	50	70
FINE SAND	70	80
BLUE CLAY	80	88
SAND & CLAY STRIPTS	88	91
TIGHT FINE SAND	91	105
FINE SAND	105	119
MED COARSE SAND	119	130

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

HWY 63 SOUTH TO CLARE TURN RT ON BCC RD. GO  
ABOUT 4 miles TO BRICK HOUSE ON LT

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 5496     8-22-13     Earl Moseley  
 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 #: 5114

Aquifer: \_\_\_\_\_

County: WAYNE  
 Permit #: 5496  
 Driller: EARL MOSELEY  
 Date completed: 8-21-13  
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>ANDY COCHRAN</u>	Latitude: <u>N. 31.33.917</u> Longitude: <u>W 088.39.028</u>
Mailing Address: <u>640 BCC 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>SW 1/4 SW 1/4, Sec 13 T. 7N R. 7W</u>
City State Zip Code	<u>4 NE</u> Miles <sup>N</sup> <u>EAST</u> of <u>24</u> <u>CIARA</u>
Telephone No. ( <u>601</u> ) <u>381-3618</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 8-22-13 Rated Pump Capacity: 27 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

**Power Type (circle one)**

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 2 HP Setting Depth: 120' feet Number of Stages: 7

**Pump Test Data for Non Flowing Well**

Date Well Tested: 8-22-13 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 84 Feet Below Land Surface Pumping Water Level (B): 120 Feet Below Land Surface

Drawdown [(B) - (A)]: 36' Feet Below Land Surface Test Pumping Rate: 35 Gallons Per Minute

Method of measurement (circle one):  Steel tape Electric tape Air line 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 (circle one): New Repaired Replacement

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

EARL MOSELEY 5496 8-22-13 Earl Moseley

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

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

BY OLWR