	STATE V	VELL REPORT	For Office Use Only
ounty: WAYNE		Part 1	Well #: S//6
Permit #: 5496	Dr	filler's Log ment of Environmental Quality	
prilter: EARL MUSELEY	Office of Lar	nd and Water Resources	Aquifer:
Pate drilling completed: 12-9-14		.O. Box 2309 n, MS 39225-2309	E-Log #:
Date drilling completed:	(f	601)961-5210	L
)360-0535 (fax)	he work and filed with the
State Law requires that this report Department at the above address w	be prepared by the i within 30 days of con	within of withing of the	
Well Owner Informat	ion	Well of Doi-	
(Landowner if borehole is not for	a water well) Latitude: 31-34-684		ngitude: <u>088.40-</u>
Owner Name: <u>LARRY CCC</u>	HRAN	Method of Lat/Long (check on	e): Conventional Survey
Mailing Address: <u>387 DTG C</u> BIG C	REEKRO	USGS quad, Hand-held (
BIG o	CREEK RD		
WALNES BIDAD M	5 39367	NE 1/4 NE 1/4, Sec	
City State	Zip Code	10_Miles SOUTH	(Nearest Town)
Telephone No. ()		(Distance) (Direction)	(Nearest Town)
	Wall / P	orehole Data	
Date drilling started: $12 - 8 - 14$ Date		12-9-14 Hole denth: 17	\mathcal{S} Hole diameter: $\underline{\mathcal{Y}}$
Date drilling started: 10 0 11 Date	e uniting completed	SIZ Con Lake O	a u a u a a la a
Location of the source of any surface	water used for drilli	ng: 03/20,578210-	Contra Lana
Method of dosing and volume of Chlor			
Logs run (circle all applicable): No tog	run Electric Gam	ma Ray Density Sonic Neut	ron Other:
Name of organization running log(s):	None		
Purpose of borehole (circle one) Wate		ical/Geological Investigation	Ground Source Heat Pump
Seisr	nic Survey Other	(describe)	
If drilling is not re	lated to water well o	construction, skip the remaind	er of this block
Purpose of Well (circle all applicable):	Homa Industrial	Public Supply Irrigation	Fish Culture
Other (describe):			
If a flowing well, method of flow regu			
Static Water Level: <u>65</u> fee	et [above or below (circle one)	🕅 land surface Date measur	ed: <u>12-9-14</u>
Method of measurement (circle one)			
Well depth: 129 Well grouted to			
Casing length: $168'$ feet	Casing diameter:	<u>4</u> inches Type o	f casing: <u>PVC</u>
Screen length: <u>20</u> _feet			
Screen slot size:inche	s Setting depth	n: From <u>168</u> feet	to <u>178</u> feet
Type of completion (circle all applicat	ole): Gravel packed	Underreamed Open hole	Natural Deventer

Form: OLWR-SWR-1A (4/13)

County:	WAYNE
Permit #:	5496

For Of	fice Use Only:
Well #: SNG)
Well #.	

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.	and boreholes, unless specifically exempted by regulations		
Ground Level	Description of Formations Encountered	From (depth)	To (depth)
	Or TOPSOTI	Ground level	2
	Reosano	2	8
	Pink clay	8	10
4. (1)	WHITE Fine SAND	10	30
	GREY CIAY	30	75
Pump, 120	Blue Clay	75	90
120	Havin Blue clay	-90	105
	Fire SAND	105	_117_
	Gley Clay	117	147
	Fine Tight sand	147	160
10 #10 screen OACKUASH		160	163
A #10 scheen	Meo/coursesmo	163	178
\mathbf{N}			
U BACKUASH			

1.			
f 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

from naynes BORD HIT 63 SOUTH GO ABOUT & miles TO BIG CREEK RD. ON LT GO ABOUT 11/2 TO DieT DR. on LT. GO TO THE END. RECEIVED FEB 2 0 2015 BY: OLWR 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. FARL MOSELEY 5496 12-9-14 Earl Morely Pri... Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1A (4/13)

RECEIVED

FEB 2 0 2015

STATE WI	ELL REPORT		
County: WAYNE Pump Installer	Part 2 For Office Use Only:		
I ump Instanci	s Completion Report		
Office of L and	and Water Resources Aquifer:		
	Por 2200		
Data assumptioned:	well #: <u>SIIG</u>		
(601)94)961-5210 51-5228 (fax) Elevation:		
Copy information from block on Fart 1			
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department	contractor or a licensed pump installer. A copy of Part 1 of the above address within 30 days of well completion.		
Well Owner Information	Well Location		
Owner Name: LARRY COCHRAN	Latitude: 31-34-684 Longitude: 4088-40.43		
Mailing Address: 387 BIG GReek RD	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS X Survey-grade GPS		
City State Zip Code	NEVANEVA Sec 15 T_7NR_7W		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. (<i>601</i>)	10 Miles SOUTH of unynessons		
Ритр Туре	Power Type		
Circle one	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 Rating of Motor:		
Date Pump Installed: 12-12-14	Setting Depth:feet		
Rated Pump Capacity:Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested: /2 - / 2 - / 4	Circle one		
Static Water Level (A): <u>65</u> Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B): $/20$ Feet Below Land Surface	Other (specify):		
Drawdown [(B) – (A)]: 55 Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		
	of my knowledge		
I HEREBY CERTIFY that the above statements are true to the best	tractory property of the prope		
EARL Moseley 5494	Earl Moseley RECEIVE		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer		

<u>FARL</u> <u>Moseley</u> <u>5476</u> Print Name of Pump Installer and License No. (if applicable)

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

BY: OLWR