

# 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 #: S116  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: WAYNE  
Permit #: 5496  
Driller: EARL MOSELEY  
Date drilling completed: 12-9-14

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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location  |
|---|--|
| Owner Name: <u>LARRY COLEMAN</u>  | Latitude: <u>31-34-684</u> Longitude: <u>088-40-429</u>  |
| Mailing Address: <u>387 BIG CREEK RD</u><br><u>BIG CREEK RD</u>           | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Waynesboro MS 39367</u>  | <u>NE 1/4 NE 1/4, Sec 15 T 7N R 7W</u>   |
| City _____ State _____ Zip Code _____                                     | <u>10</u> Miles <u>SOUTH</u> of <u>Waynesboro</u><br>(Distance) (Direction) (Nearest Town)   |
| Telephone No. (____) _____  |  |

| Well / Borehole Data   |   |
|--|---|
| Date drilling started: <u>12-8-14</u>  | Date drilling completed: <u>12-9-14</u> Hole depth: <u>178</u> Hole diameter: <u>4"</u> |
| Location of the source of any surface water used for drilling: <u>837 CO. LAKE OLMAN RD.</u>   |   |
| Method of dosing and volume of Chlorine used in drilling and development: <u>402 HTH Per 1000</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>NONE</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 <input type="checkbox"/> Other (describe) _____   |   |

If drilling is not related to water well construction, skip the remainder of this block

|  |   |                            |
|--|---|----------------------------|
| Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture |   |                            |
| Other (describe): _____  |   |                            |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____   |   |                            |
| Static Water Level: <u>65'</u> feet [above or <input checked="" type="checkbox"/> below] land surface  | Date measured: <u>12-9-14</u>   |                            |
| Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____                           |   |                            |
| Well depth: <u>178'</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 <input type="checkbox"/> Mix |                            |
| Casing length: <u>168'</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>#10</u> inches  | Setting depth: From <u>168'</u> feet to <u>178'</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

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BY: OLWR

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



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### 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 #: 5110  
 Elevation: \_\_\_\_\_

County: Wayne  
 Permit #: 5496  
 Driller: Earl Moseley  
 Date completed: 12-12-14  
 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>LARRY COCHRAN</u>         | Latitude: <u>31.34684</u> Longitude: <u>90.88-40.429</u>                                  |
| Mailing Address: <u>387 BIG CREEK RD</u> | Method of Lat/Long (check one): Conventional Survey _____                                 |
| <u>Waynesboro MS 39367</u>               | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| City State Zip Code                      | <u>NE 1/4 NE 1/4 Sec 15 T 7N R 7W</u>   |
| Telephone No. <u>(601)</u>               | Distance Direction Nearest Town   |
|  | <u>10 Miles SOUTH of Waynesboro</u>   |

| Pump Type<br>Circle one                                  | Power Type<br>Circle one                  |
|--|---|
| Air Lift Jet <input type="checkbox"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine                                    | <u>Electric Motor</u> Hand Tractor PTO    |
| Centrifugal Rotary Flowing Well                          | Windmill Other (specify): _____           |
| Other (specify): _____                                   | Horse Power Rating of Motor: <u>1 HP</u>  |
| Date Pump Installed: <u>12-12-14</u>                     | Setting Depth: <u>120'</u> feet           |
| Rated Pump Capacity: <u>19</u> Gallons Per Minute        | Number of Stages: <u>9</u>                |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one                                     |
|---|---|
| Date Well Tested: <u>12-12-14</u>                           | Air Line Electric Measuring Line <u>Steel Tape</u>                                |
| Static Water Level (A): <u>65</u> Feet Below Land Surface   | Other (specify): _____  |
| Pumping Water Level (B): <u>120</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                               |
| Drawdown [(B) - (A)]: <u>55</u> Feet Below Land Surface     | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>25</u> Gallons Per Minute             |   |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours     |   |

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

Earl Moseley 5496 Earl Moseley RECEIVED  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer