

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 #: 5117

Aquifer: _____

E-Log #: _____

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FEB 20 2015

County: WAYNE

Permit #: 5496

Driller: EARL MUSELEY

Date drilling completed: 12-11-14

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.

BY: **OLWR**

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Ronnie Cochran</u>	Latitude: <u>N 31-35-604</u> Longitude: <u>W 88-41-988</u>
Mailing Address: <u>1069 MAYNORCK DR.</u> <u>STATE STRAIGHTTOWN 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>NE 1/4 NW 1/4, Sec 9 T 7 N R 7 W</u>
City State Zip Code	<u>1.2</u> Miles <u>SOUTH</u> of <u>Waynesboro</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 735 6007</u>	

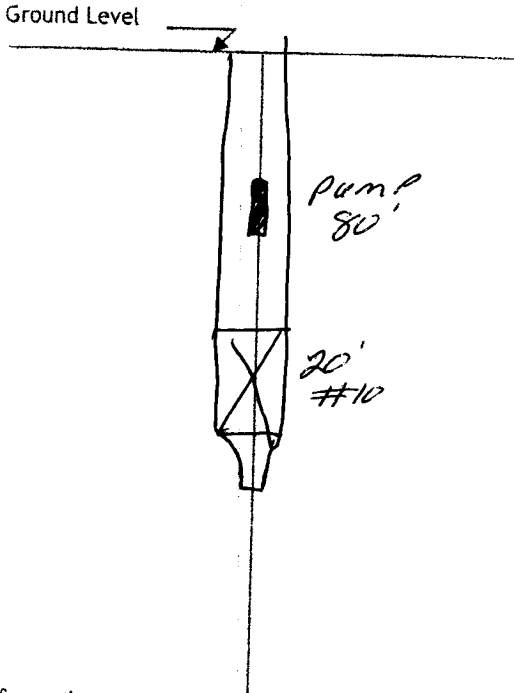
Well / Borehole Data	
Date drilling started: <u>12-10-14</u> Date drilling completed: <u>12-11-14</u> Hole depth: <u>120</u> Hole diameter: <u>4"</u>	
Location of the source of any surface water used for drilling: <u>837 COUNTY LAKE DENHAM RD</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>4.02 HTX 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>N/A</u>	
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>31'</u> feet [above or <input checked="" type="radio"/> below] land surface Date measured: <u>12-11-14</u> (circle one)	
Method of measurement (circle one): <input checked="" type="radio"/> steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> Other (describe): _____	
Well depth: <u>120</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (circle one): <input checked="" type="radio"/> Neat Cement <input type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>100'</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>100'</u> feet to <u>120'</u> feet	
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Open hole <input type="radio"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	

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

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)
FIELD PIET	Ground level	4
WHITE SAND	4	19
ROCK	19	20
WHITE CLAY	20	64
WHITE SAND	64	68
GREY CLAY	68	88
FINE MED SAND	88	96
FINE SAND	96	105
MED SAND	105	120

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

*FROM WAYNESBORO HIT HWY 63 SOUTH GO ABOUT 10 MILES
 TO MANOR CREEK DR ON LEFT GO ABOUT 2 MILES
 TO BLACKTOP DRIVE ON LEFT*

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BY: O...

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 12-11-14 Earl Moseley
 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 #: 5117
 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>ROANNIE COCHRAN</u>	Latitude: <u>N. 31.35.604</u> Longitude: <u>W 88.41.958</u>
Mailing Address: <u>1069 MAYNORCK DR</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 NW 1/4 Sec 9 T 7N R 7W</u>
Telephone No. <u>(601) 735 6007</u>	Distance Direction Nearest Town
	<u>12</u> Miles <u>SOUTH</u> of <u>WAYNESBORO</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> 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>80</u> feet
Rated Pump Capacity: <u>190</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-12-14</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>31</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>49</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>27</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

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

FEB 20 2015

BY: OLWR