

County: Wayne
 Permit #: _____
 Driller: EARL ROSEBY
 Date drilling completed: 8-10-17

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)961-5226 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: 5119
 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.

Information on Well Owner
 (Landowner if borehole is not for a water well)

Owner Name: Steve Pittman
 Mailing Address: 2614 B Strengthen Rd
Waynesboro MS 39367
 City State Zip Code
 Telephone No. (601) 755-0503

Well or Borehole Location

Latitude: 31° 35' 171" Longitude: 88° 43' 006"
31-35-10 88-43-00
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SW 1/4 Sec 8 Twn 7N Rng 7W
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 8-10-17 Date drilling completed: 8-10-17 Hole depth: 157 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 337 Sandy Lake Dr W Rd
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 HWK PC 1000 GAL
 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

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: AG
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: 157 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 137 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: # 8 inches Setting depth: From 137 feet to 157 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of tap pipe or reduction in casing: _____ feet: If telescoped or more than one screen, describe on next page

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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)

County: Wayne
 Permit #: 5496
 Driller: EARL MOSELEY
 Date completed: 8-10-17
 Copy information from Mark on Part 1

For Office Use Only:

Aquifer: _____
 Well #: S119
 Elevation: _____

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 10 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Steve Pittman</u> Mailing Address: <u>2189 Clara Strenghano</u> <u>Waynesboro MS 39367</u> City State Zip Code Telephone No. <u>(601) 755 0503</u>	Latitude: <u>31-35-17N</u> Longitude: <u>88-43-00W</u> <u>31-35-10 88-43-00</u> Method of Lat/Long (check one): <u>Conventional Survey</u> URSB <input type="checkbox"/> <u>Hand-held GPS</u> <input checked="" type="checkbox"/> <u>Survey-grade GPS</u> <u>NE 1/4 SW 1/4 Sec 8 T7N R7W</u> Distance Direction Nearest Town <u>10 miles SOUTH of Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>8-21-17</u> Rated Pump Capacity: <u>7</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1/2</u> Siting Depth: <u>100</u> Number of Stages: _____

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-21-17</u> Static Water Level (A): <u>58</u> Feet Below Land Surface Pumping Water Level (B): <u>100</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>42</u> Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, increased slant in head _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

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28 87
CE

Mississippi Boreholes

MDEQ Office of Geology

Environmental Geology



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