

County: Wayne
 Permit #: 5496
 Driller: EARL MOSEBY
 Date drilling completed: 3-23-18

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 39226
 (601)851-5210
 (601)851-8228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: 5121
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the licensee holder responsible for the work and filed with the Department of the above address within 30 days of completion of drilling of the well or borehole.

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

Owner Name: OKOTA HUDSON
 Mailing Address: 237 HUDSON TOWN RD
WAYNESBORO MS 39367
 City State Zip Code
 Telephone No.: (601) 735-7937

Well or Borehole Location

Latitude: 31°33'05" Longitude: 88°42'45"
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
SE
S. 304 Sec. 20 Twn 7 N Rng 7 W
 Distance Direction Nearest Town
12 Miles SW of Waynesboro

Well / Borehole Data

Date drilling started: 3-23-18 Date drilling completed: 3-23-18 Hole depth: 155 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 832 SANDY LAKE DAMEN RD
 Method of dosing and volume of Chlorine used in drilling and development: 1.02 HIGH PUMP AND GAN
 Logs run (circle all applicable): Log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running logs: _____
 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, check the remainder of this block

RECEIVED
 JUN 21 2018
 BY OLWR

Purpose of Well (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 75 feet above or below (circle one) land surface Date measured: 3-23-18
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 155 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 135 feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 20 #10 feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: #10 inches Setting depth: From 135 feet to 155 feet
 Type of completion (circle all applicable): Gravel packed Underreamed _____ Telescoped _____ Open hole _____ Natural Development _____
 Other (describe): _____
 Top of log pipe or reduction in casing: _____ feet *If horizontal or curve from log screen, describe on next page*

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
 Installer: EARL MASLEY
 Date completed: 3-23-18
 Copy information from Work on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 5121
 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 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>DOKOTA HUDSON</u>	Latitude: <u>31-33-05</u> Longitude: <u>88-42-45</u>
Mailing Address: <u>237 HUDSON TOWN RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Waynesboro MS 39367</u>	USGS quad _____ Horizontal GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 20 T 7N R 7W</u>
Telephone No. <u>(601) 735 7937</u>	Distance Direction Nearest Town
	<u>12 miles SW of Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): <u>RECEIVED</u>
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP JUN 2-1 2013</u>
Date Pump Installed: <u>3-24-18</u>	Safety Depth: <u>100</u> <u>BT</u> <u>OLWR</u>
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-24-18</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured static in head: _____ feet
Drawdown (B) - (A): <u>25</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>24</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.

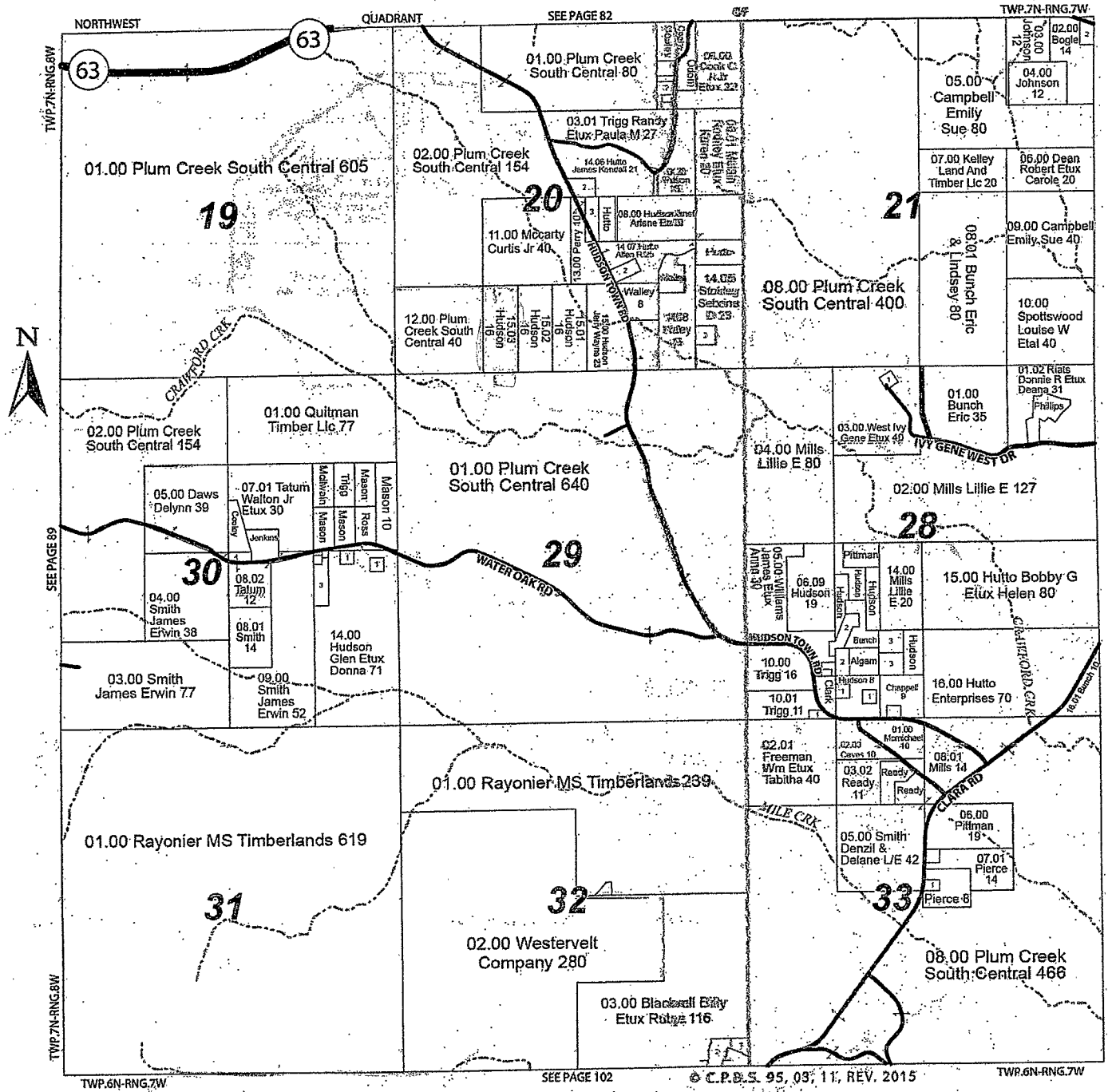
EARL MASLEY 5496 Earl Masley
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

TWP.7N-RNG.7W.(SOUTHWEST)

WAYNE COUNTY, MISSISSIPPI

Scale 1:27,000

1 Inch = 2,250 US Survey Feet



RECEIVED
 JUN 21 2013
 BY OLWR