

County: Wayne
 Permit #: 5496
 Driller: EARL ROSELEY
 Date drilling completed: 4-18-18

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)961-5210
 (601)961-8226 (fax)

For O&G Use Only:
 Aquifer: _____
 Well #: S122
 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
 (Lenderowner if borehole is not for a water well)

Owner Name: ROBERT DEAN
 Mailing Address: CLARA RD
Waynesboro MS 39367
 City State Zip Code

Telephone No. 606577 1334

Well or Borehole Location

Latitude: 31° 35' 58" N Longitude: 88° 40' 51" W
 Method of Lat/Long (circle one): Conventional Survey

USGS quad: Hand-held GPS, Survey-grade GPS

NW WNE 1/4 Sec. 10 Twn 7N Rng 7W

Distance 8 Miles SW of Waynesboro

Well / Borehole Data

Date drilling started: 4-18-18 Date drilling completed: 4-17-18 Hole depth: 238 Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 Soudy Lake Dam Rd

Method of dosing and volume of Chlorine used in drilling and development: 4.22 MTA PCL 1000 GAL

Logs run (circle all applicable): 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, file the remainder of this block)

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: 125 feet above or below (circle one) land surface Date measured: 4-18-18

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

Well depth: 238 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 208 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 208 feet to 238 feet

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

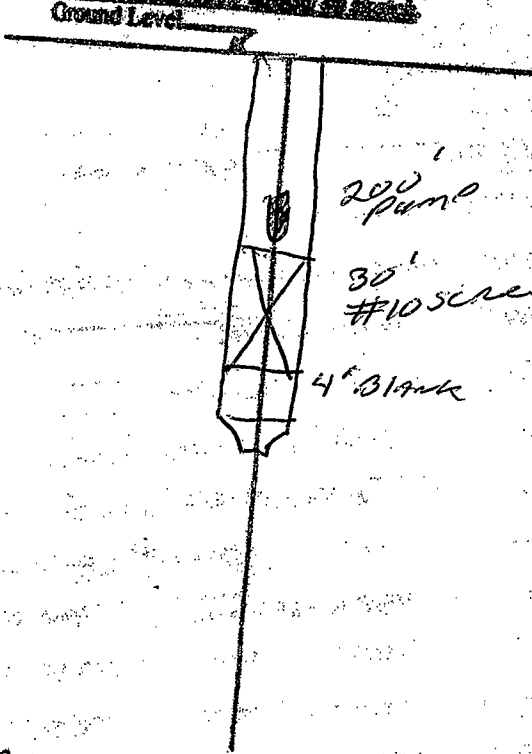
Other (describe): _____

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

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The sketch below only required for water wells.

If well telescopes, show details on sketch.

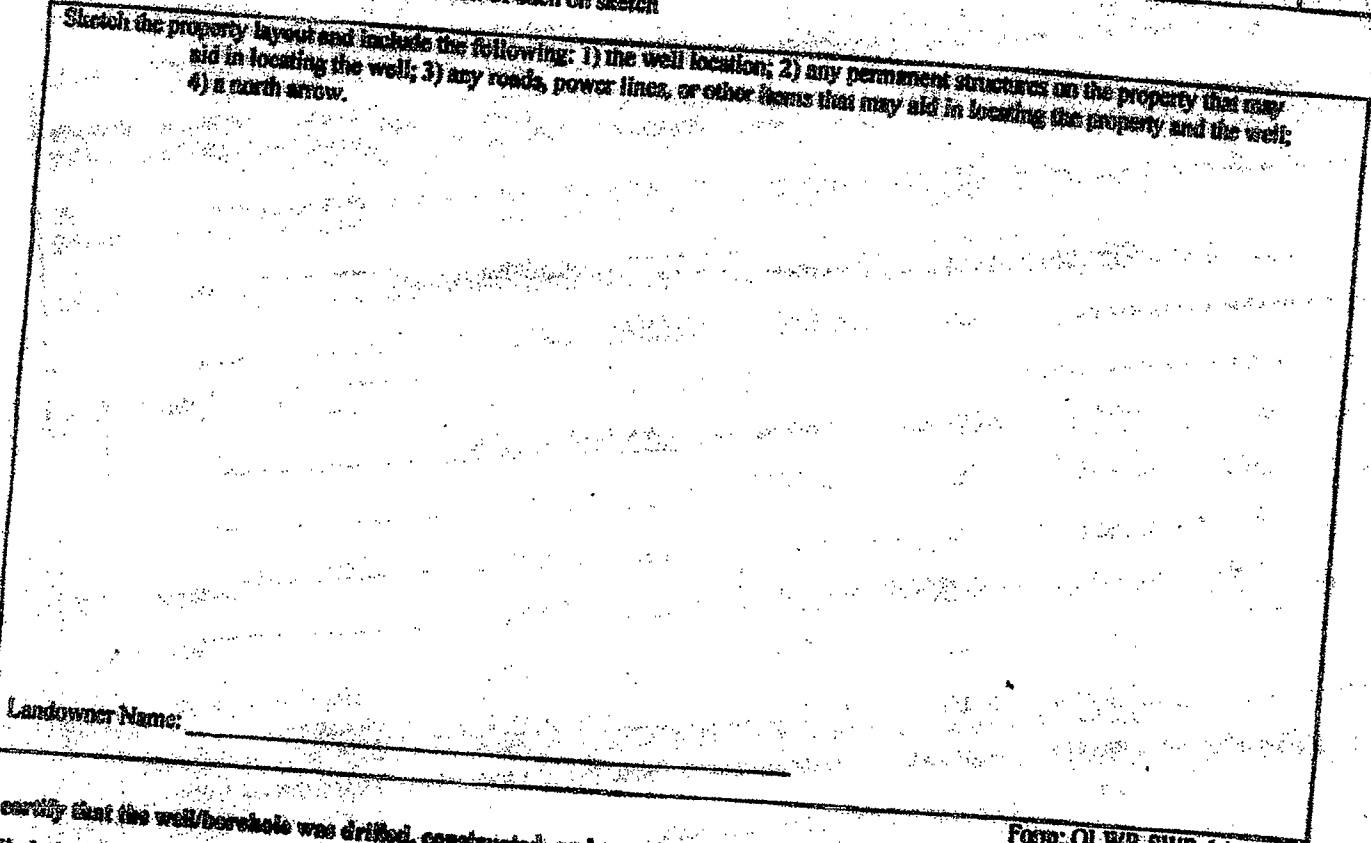


Description of Formations encountered must be recorded for all wells and boreholes, unless specifically exempted by regulation.

Description of Formations Encountered	From (depth)	To (depth)
TOP CASE	Ground Level	2
SAND	2	20
CLAY	20	60
SANDY CLAY	60	75
Blue CLAY	75	113
Pine sand	113	123
CLAY	123	173
SANDY CLAY	173	210
Med. SAND	210	234
CLAY	234	238

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) a north arrow.



Landowner Name: _____

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

I 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.

Print Name of Responsible Licensee and License No. EARL MOSLEY 5496

Date

Signature of Licensee Earl Mosley

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 Moxley
 Date completed: 4-18-18
 Copy information from Mark on Part 1

For Office Use Only:

Applier: _____
 Well #: 5122
 Elevator: _____

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 submitted along with this Department of the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>ROBERT DEAN</u>	Latitude: <u>31-35.584</u> Longitude: <u>88-40.850</u>
Mailing Address: <u>CLARA RD</u> <u>P.O. BOX 105 CLARA MS 39324</u> <u>WAYNESBORO MS 39367</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>88-40-51</u> NGS <input type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <input type="checkbox"/> <u>540</u> ^{NW} <u>1/4</u> <u>NE</u> <u>1/4</u> <u>Sec 10 T 7N R 7W</u>
Telephone No. <u>(601) 577-1334</u>	Distance Direction Nearest Town <u>8</u> miles <u>SW</u> of <u>WAYNESBORO</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	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"/>	<u>Electric Motor</u> : <input checked="" 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): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3 HP</u>
Date Pump Installed: <u>4-20-18</u>	Safety Depth: <u>200'</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: _____

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-20-18</u>	Air Line: <input type="checkbox"/> Electric Measuring Line: <input type="checkbox"/> Steel Tape: <input type="checkbox"/>
Static Water Level (A): <u>125</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>200</u> Feet Below Land Surface	For flowing well, measured static in head: _____ feet
Drawdown (B)-(A): <u>75</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>315</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 Moxley 5496 Earl Moxley
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Scale 1:27,000

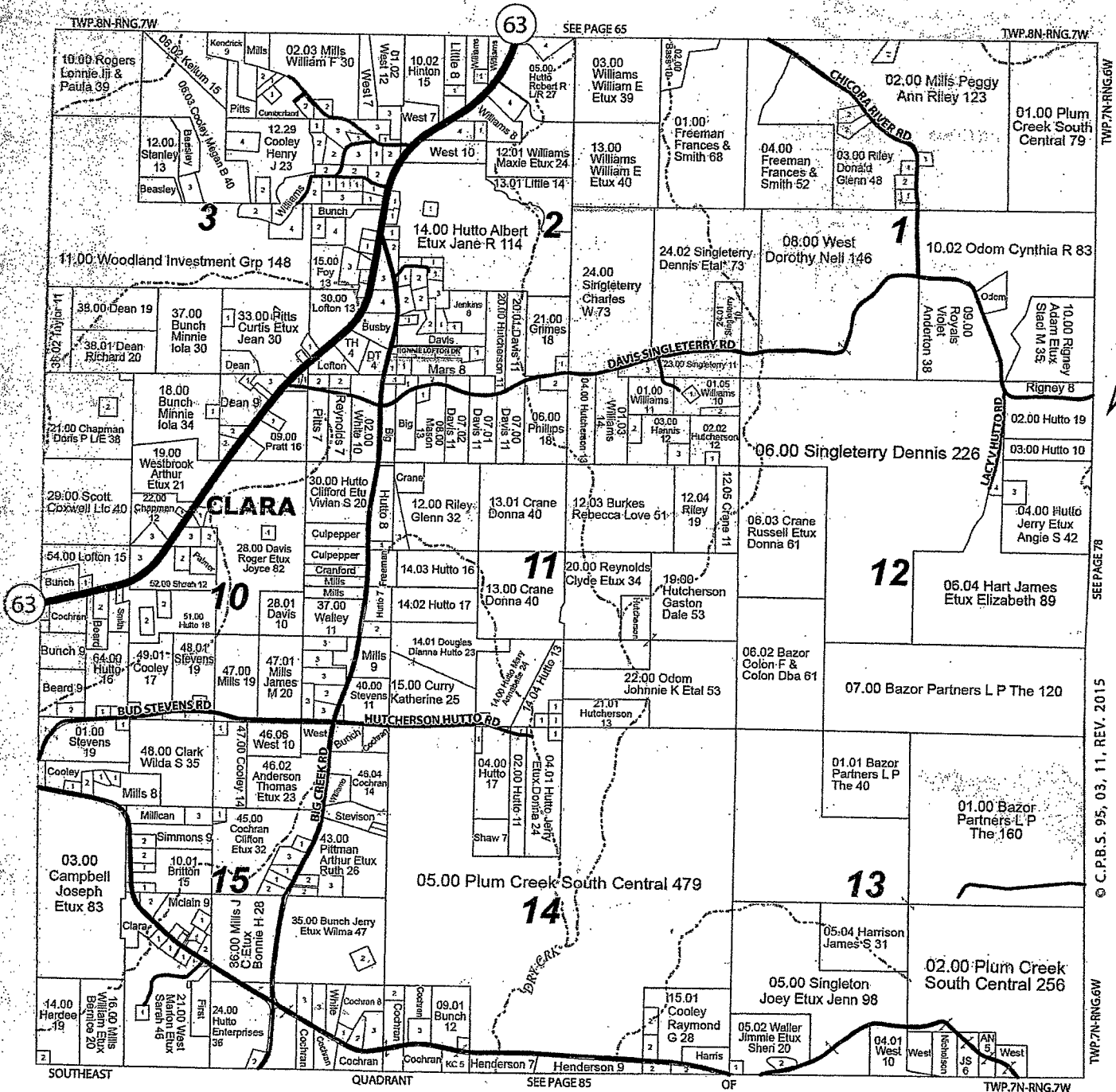
1 Inch = 2,250 US Survey Feet

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

WAYNE COUNTY, MISSISSIPPI

0 2,640 5,280

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SEE PAGE 65

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TWP.8N-RNG.7W

TWP.7N-RNG.6W

SEE PAGE 78

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TWP.7N-RNG.6W