

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 #: T105
 Aquifer: _____
 E-Log #: _____

County: WAYNE
 Permit #: 005496
 Driller: EARL MOSELEY
 Date drilling completed: 7-27-13

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>RANDY DAVIS</u>	Latitude: <u>N. 31.34.08</u> Longitude: <u>W 088.36.58</u>
Mailing Address: <u>J H MILLS RD</u>	Method of Lat/Long (check one): Conventional Survey _____ <input checked="" type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS
City: <u>WAYNESBORO MS</u> State: <u>MS</u> Zip Code: <u>39367</u>	USGS quad: <u>1W0</u> <u>SW</u> 1/4, Sec <u>16</u> T <u>7N</u> R <u>6W</u>
Telephone No. <u>251</u> <u>709 5619</u>	<u>3</u> Miles <u>WEST</u> of <u>Duck Tunnel</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 7-26-13 Date drilling completed: 7-27-13 Hole depth: 195 Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COUNTY LAKE DENHAM RD

Method of dosing and volume of Chlorine used in drilling and development: 4.02 HTH PER 1000 GAL 6.02

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): N/A

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve N/A Other (describe) N/A

Static Water Level: 74 feet (above or below) land surface (circle one) Date measured: 7-28-13

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 195 Well grouted to a depth of: 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 175 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: #10 4" inches Setting depth: From 175 feet to 195 feet

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

Other (describe): _____

Top of tap pipe or reduction in casing: _____ feet

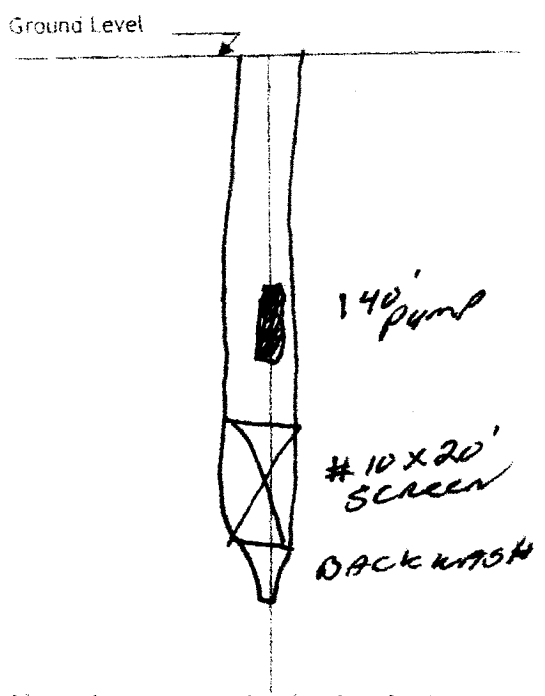
If telescoped or more than one screen, describe on next page

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 AUG 28 2013
 BY: OLWR

County: Wayne
 Permit #: 005496

For Office Use Only:
 Well #: T105

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) Ground level	To (depth)
TOP SOIL		2
COARSE RED SAND	2	11
ROCK	11	14
YELLOW/WHITE SAND	14	35
SAND & CLAY	35	90
CHALK & CLAY	90	95
F/SAND	95	98
CLAY	98	137
F/SAND	137	140
CLAY	140	148
F/SAND	148	150
GRAY CLAY	150	173
CLAY	173	175
CLAY/SAND	175	180
MED SAND	180	193
FINE SAND	193	195

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

455 TO BACKATUNNA TURN RT ON BACKATUNNA
CHICORA CLARE RD GO 2 miles TO CHICORA RIVER RD
ON RT GO 1 mile TO JH MILL'S RD. ON LT GO TO
Y HOLD LT ON JH MILL'S RD. TO RED GATE ON RT

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 Mosley 005496 8-2-13 Earl Mosley
 Print 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 39225-2309
 (601) 961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: T105

Aquifer: _____

County: Wayne
 Permit #: 005496
 Driller: Earl Moseley
 Date completed: 7-27-13
 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>RANDY DAVIS</u>	Latitude: <u>N. 31-34-259</u> Longitude: <u>W 088-36-898</u>
Mailing Address: <u>JH MILLS 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>NW 1/4 SW 1/4, Sec 16 T 7N R 6W</u>
City: _____ State: _____ Zip Code: _____	<u>5</u> Miles <u>west</u> of <u>BUCKATUNNA</u>
Telephone No. <u>251 709-5619</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 8-2-13 Rated Pump Capacity: 55 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 5 Setting Depth: 140 feet Number of Stages: 7

Pump Test Data for Non Flowing Well

Date Well Tested: 8-2-13 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 74 Feet Below Land Surface Pumping Water Level (B): 140 Feet Below Land Surface

Drawdown [(B) - (A)]: 66 Feet Below Land Surface Test Pumping Rate: 80 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Earl Moseley 005496 8-2-13 Earl Moseley AUG 28 2013
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer