

County: WAYNE
 Permit #: 5496
 Driller: EARL ROSELEY
 Date drilling completed: 11-2-17

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 #: T109
 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 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: CECIL G. SMITH
 Mailing Address: 1140 CHICORE RIVER RD
BUCKATUNNA MS
 City State Zip Code
 Telephone No.: 228 424-6899

Well or Borehole Location
 Latitude: 31-589 Longitude: 88-591
~~31-35-20~~ 88-35-28
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
1R NE 1/4 NE 1/4 Sec 9 Twn 7N Rng 6W
 Distance Direction Nearest Town
12 Miles SOUTH of Waynesboro

Well / Borehole Data

Date drilling started: 11-1-17 Date drilling completed: 11-2-17 Hole depth: 180 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 337 COUNTY LAKE DRINKING RD
 Method of dosing and volume of Chlorine used in drilling and development: 4 OZ HIGH PRC WOOD GALL
 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: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 115' feet above or below (circle one) land surface Date measured: 11-2-17

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

Well depth: 180' Well grouted to a depth of 10 feet Type of grout (circle one) steel Cement Bentonite Mix

Casing length: 160 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 160 feet to 180 feet

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

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

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Print Name of Responsible Licensee and License No. Earl Moseley 5496
 Date _____

Signature of Licensee
Earl Moseley

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.

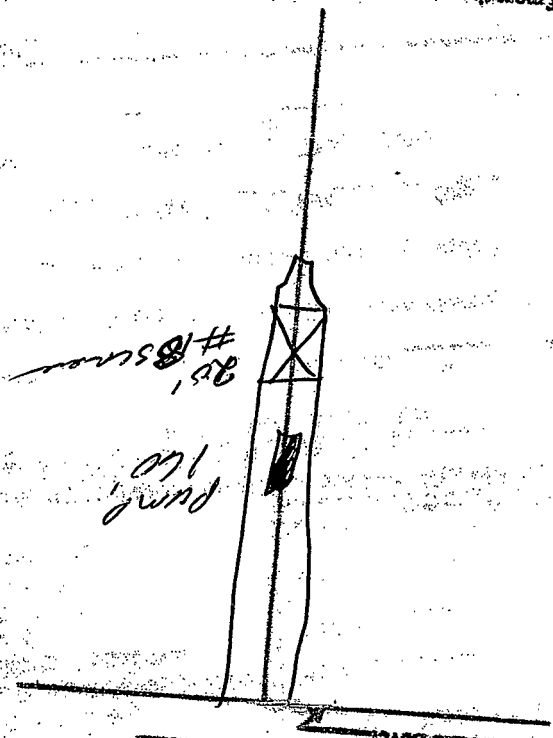
Form: OL-WR-SW-R-1A (04/03)

Landowner Name: _____

Station 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.

If more than one screen, show location of each on sketch

From (depth)	To (depth)	Description of Formations Encountered
0	2	top soil
45	45	yellow clay
57	45	yellow clay
75	64	yellow clay
86	75	yellow clay
90	86	coarse sand
100	90	lime & clay
100	100	fine sand
120	100	coarse sand
130	120	sand clay
135	130	fine sand
135	135	fine sand
160	135	med/coarse sand
180	160	med/coarse sand



The sketch below only intended for water wells
 If well screens, show depth on sketch
 Ground Level

Description of Formations Encountered must be provided for all wells and boreholes, unless well/borehole is exempt by rule.

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:

Applies: _____
Well #: T109
Elevation: _____

County: Wayne
Permit #: 5496
Driller: EARL Moseley
Date completed: 11-2-17
Copy information from Mark 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 of the above address within 30 days of well completion.

Well Owner Information		Well Location	
Owner Name: <u>CECIL B. SMITH</u>		<u>31-35-20</u>	<u>88-35-28</u>
Mailing Address: <u>1140 CHICONE RIVER RD</u>		Latitude: <u>31-589</u>	Longitude: <u>88-591</u>
<u>BUCKATUNNA MS</u>		Method of Lat/Long (check one): Conventional Survey _____	
City State Zip Code		URCS quad _____, Hatched Grid <input checked="" type="checkbox"/> Survey grid GPS _____	
Telephone No. () _____		<u>NE 1/4 NE 1/4 Sec 9 T 7N R 6W</u>	
		Distance _____	Direction _____
		Nearest Town: <u>12 miles SOUTH of Waynesboro</u>	

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<input checked="" type="radio"/> Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<input checked="" type="radio"/> Electric Motor	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>10-8-17</u>			Sinking Depth: <u>100</u> feet		
Rated Pump Capacity: <u>10</u> Gallons Per Minute			Number of Stages: _____		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>11-8-17</u>		Air Line	Electric Measuring Line
Static Water Level (A): <u>115</u> Feet Below Land Surface		Steel Tape	
Pumping Water Level (B): <u>160</u> Feet Below Land Surface		Other (specify): _____	
Difference ((B)-(A)): <u>45</u> Feet Below Land Surface		For flowing well, measured static in head: _____ feet	
Test Pumping Rate: <u>10</u> Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
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



SEC. 9. ~~700~~ TWIN TWIN RAG 6 W

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600ft
-88.596 31.591 Degrees