

County: Wayne
 Permit #: 114
 Driller: EARL ROSEBY
 Date drilling completed: 7-28-17

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)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: U97
 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: DAVID BEARMAN
 Mailing Address: 114 DENHAM PROGRESS RD
BUCKATUNNA MS 39317
 City State Zip Code
 Telephone No: (601) 698-2393

Well or Borehole Location
 Latitude: 31° 35' 63" Longitude: 88° 28' 32"
31-35-38 88-28-20
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 NE 1/4 Sec 10 Twn 7N Rng 5W
 Distance Direction Nearest Town
12 Miles EAST of Waynesboro

Well / Borehole Data

Date drilling started: 7-28-17 Date drilling completed: 7-28-17 Hole depth: 90 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 337 COUNTY ROAD DENHAM RD.
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 HIGH PRC 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: _____

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

Static Water Level: 38 feet above or below (circle one) land surface Date measured: 7-28-17

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

Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75' 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 inches Setting depth: From 65 feet to 85 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*

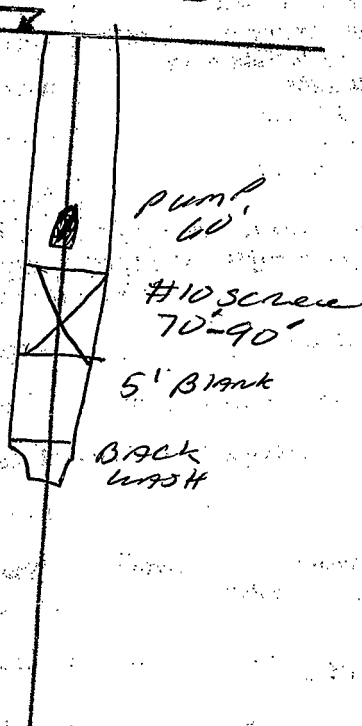
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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| TOP SOIL | Ground Level | 2 |
| CLAY | 2 | 12 |
| White Chalk | 12 | 15 |
| SAND | 15 | 20 |
| CLAY | 20 | 60 |
| fine sand | 60 | 75 |
| med sand | 75 | 80 |
| med flow sand | 80 | 95 |
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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.

EARL MOSELEY 5496
Print Name of Responsible Licensee and License No. _____

Date

Earl Moseley
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
(601)961-5210
(601)961-5228 (fax)

County: Wayne
 Permit #: 5496
 Driller: EARL MOSELEY
 Date completed: 7-28-17
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: U97
 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 | |
|---|---|
| Owner Name: <u>DAVID DEARMAN</u> | Well Location: <u>31-35-36 88-28-20</u> |
| Mailing Address: <u>1144 OLSHAM PROGRESS RD</u> | Latitude: <u>31-35-630</u> Longitude: <u>88 28.328</u> |
| <u>BACKSTUMMA</u> <u>BACKSTUMMA MS 39322</u> | Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey |
| City: _____ State: _____ Zip Code: _____ | <input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS |
| Telephone No. <u>(601) 648 2393</u> | <u>NE 1/4 NE 1/4 Sec 10 T 7N R 5E</u> |
| | Distance: _____ Direction: _____ Nearest Town: _____ |
| | <u>12 miles EAST of Waynesboro</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input type="checkbox"/> | Diesel Engine <input type="checkbox"/> |
| Bucket <input type="checkbox"/> | Gasoline Engine <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> | Electric Motor <input checked="" type="checkbox"/> |
| Other (specify): _____ | Hand <input type="checkbox"/> |
| Date Pump Installed: <u>8-1-17</u> | Tractor PTO <input type="checkbox"/> |
| Rated Pump Capacity: <u>27</u> Gallons Per Minute | Windmill <input type="checkbox"/> |
| | Other (specify): _____ |
| | Horse Power Rating of Motor: <u>1 1/2</u> |
| | Setting Depth: <u>60</u> feet |
| | Number of Stages: _____ |

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| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>8-1-17</u> | Air Line <input type="checkbox"/> |
| Static Water Level (A): <u>38</u> Feet Below Land Surface | Electric Measuring Line <input checked="" type="checkbox"/> |
| Pumping Water Level (B): <u>60</u> Feet Below Land Surface | Steel Tape <input type="checkbox"/> |
| Drawdown [(B)-(A)]: <u>22</u> Feet Below Land Surface | Other (specify): _____ |
| Test Pumping Rate: <u>35</u> Gallons Per Minute | For flowing well, measured about in head: _____ feet |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |

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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

U97



Mississippi Boreholes

MDEQ Office of Geology



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600ft
-88.456 31.599 Degrees