

Well 1

County: Wayne
 Permit #: 5496
 Driller: EARL ROSEBY
 Date drilling completed: 3-1-17

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 #: 1198
 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: BRAD BRADLEY
 Mailing Address: 167 COPELAND RD
WAYNESBORO MS 39382
 City State Zip Code
 Telephone No. (601) 410-6799

Well or Borehole Location

Latitude: 31° 33' 63" Longitude: 88° 27' 87"
31-33-38 88-27-53
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
S¹/₄ N¹/₄ Sec. 23 Twn 7N Rng 5W
 Distance Direction Nearest Town
8 Miles EAST of BUCKATUNNA

Well / Borehole Data

Date drilling started: 3-1-17 Date drilling completed: 3-1-17 Hole depth: 114' Hole diameter: 4"
 Location of the source of any surface water used for drilling: 837 COUNTY LAKE DRINKIN RD.
 Method of dosing and volume of Chlorine used in drilling and development: 4 OZ HTH PRO 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) Chicken House

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 3-1-17
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 114' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 94 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 94 feet to 114 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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Form: OLWR-SWR-1A (04/08)

APR 14 2017

BY OLWR

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:

Aquifer: _____

Well #: U98

Elevation: _____

County: Wayne

Permit #: 5496

Driller: EARL MOSELEY

Date completed: _____

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>BRAD BRADLEY</u>	Latitude: <u>31-33-634</u> Longitude: <u>88-27-876</u> <u>31-33-38</u> <u>88-27-53</u>
Mailing Address: <u>167 COPELAND RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>BUCKATUNNA MS 39322</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 23 T 7N R 5W</u>
Telephone No. <u>(601) 410 6799</u>	Distance Direction Nearest Town <u>8</u> Miles <u>EAST</u> of <u>BUCKATUNNA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3 HP</u>
Date Pump Installed: <u>3-6-17</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>35 GPM</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-6-17</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	RECEIVED
Drawdown [(B) - (A)]: <u>55</u> Feet Below Land Surface	APR 14 2017
Test Pumping Rate: <u>42</u> Gallons Per Minute	For flowing well, measured shut 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

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

EARL MOSELEY 5496
 Print Name of Pump Installer and License No. (if applicable)

Earl Moseley
 Signature of Pump Installer