

# 3

County: Wayne  
 Permit #: 5496  
 Driller: EAR Massey  
 Date drilling completed: 2-17-16

**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 #: U102  
 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)	Well or Borehole Location
Owner Name: <u>Jame Sumrall</u>	Latitude: <u>31° 36' 55"</u> Longitude: <u>88° 31' 93"</u> <u>31-36-33</u> <u>88-31-56</u>
Mailing Address: <u>331 DeHann Buckatman</u> <u>CK RD.</u> <u>Waynesboro MS 39367</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>12N 6W Sec 6 Twn 7N Rng 5W</u>
Telephone No. <u>(601) 410 0070</u>	Distance Direction Nearest Town <u>10</u> Miles <u>EAST</u> of <u>Waynesboro</u>

**Well / Borehole Data**

Date drilling started: 2-17-16 Date drilling completed: 2-17-16 Hole depth: 75' Hole diameter: 4"

Location of the source of any surface water used for drilling: Dubby well service  
 Method of dosing and volume of Chlorine used in drilling and development: 407 HTH

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: 5' feet above or below (circle one) land surface Date measured: 2-17-16

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

Well depth: 75 Well grouted to a depth of 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 65 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #8 inches Setting depth: From 65 feet to 75 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**

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

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MAR 14 2016

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)

County: Wayne  
 Permit #: 5496  
 Driller: Earl Masoley  
 Date completed: 2-17-16  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: U102  
 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	Well Location
Owner Name: <u>Jane Sumrall</u>	<u>31-36-33</u> Well Location <u>88-31-56</u>
Mailing Address: <u>331 DeHann Buckatun</u> <u>CK RA</u> <u>Waynesboro MS 39367</u>	Latitude: <u>31-36-55N</u> Longitude: <u>88-31-93W</u>
City: _____ State: _____ Zip Code: _____	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>(601) 410-0070</u>	Distance _____ Direction _____ Nearest Town _____ <u>10 Miles EAST 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>2HP</u>
Date Pump Installed: <u>2-25-16</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-25-16</u>	Air Line      Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>5'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>55</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>45</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 Masoley      Earl Masoley      RECEIVED  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer      MAR 14 2016

