

County: Wayne  
 Permit #: 5496  
 Driller: EARL JOSELY  
 Date drilling completed: 9-11-18

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2909  
 Jackson, MS 39226  
 (601)861-5210  
 (601)861-8228 (fax)

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**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: LUCA  
 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 of 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: Joe Cooper  
 Mailing Address: Buckatanna  
Milmy Rd  
Buckatanna MS 39322  
 City State Zip Code  
 Telephone No. (601) 412 6084

**Well or Borehole Location**

Latitude: 31° 34' 7" Longitude: 88° 29' 0"  
 Method of Lat/Long (circle one): Conventional Survey  
I Phone  
 USGS quad, Hand-held GPS, Survey-grade GPS  
SW SW SW  
 Distance Direction Nearest Town  
3 Miles EAST of Buckatanna

**Well / Borehole Data**

Date drilling started: 9-11-18 Date drilling completed: 9-11-18 Hole depth: 105 Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 County Road 66, Dumas, MS  
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 HTR Per 1000 Gall

Logs run (circle all applicable): Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running logs: \_\_\_\_\_

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: AG

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

Static Water Level: 34 feet above or below (circle one) land surface Date measured: 9-11-18

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

Well depth: 105 Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 85 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 85 feet to 105 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 reduction or more than one screen, describe on next page*

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# 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 MOSLEY  
 Date completed: 9-11-18  
 Carry information from block on Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 111CA  
 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>JUE COOPER</u>	Latitude: <u>31.347</u> Longitude: <u>88.29.0</u>
Mailing Address: <u>BUCKATONNA</u> <u>MILLAY RD</u> <u>BUCKATONNA MS 39322</u>	Method of Lat/Long (check one): Conventional Survey _____ <u>F.P. Irons</u> USGS quad _____, Fixed-rod GPS _____, Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>NE</u> <u>1/4</u> Sec <u>21</u> T <u>7</u> N R <u>5</u> W
Telephone No. <u>601 412 6084</u>	Distance _____ Direction _____ Nearest Town _____ <u>3</u> miles <u>EAST</u> of <u>Buckatonna</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <del>Submersible</del>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>9-12-18</u>	Sanding Depth: <u>80</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: _____

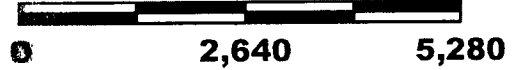
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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-12-18</u>	<del>Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/></del>
Static Water Level (A): <u>34</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured static in head: _____ feet
Drawdown (B)-(A): <u>46</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>35</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

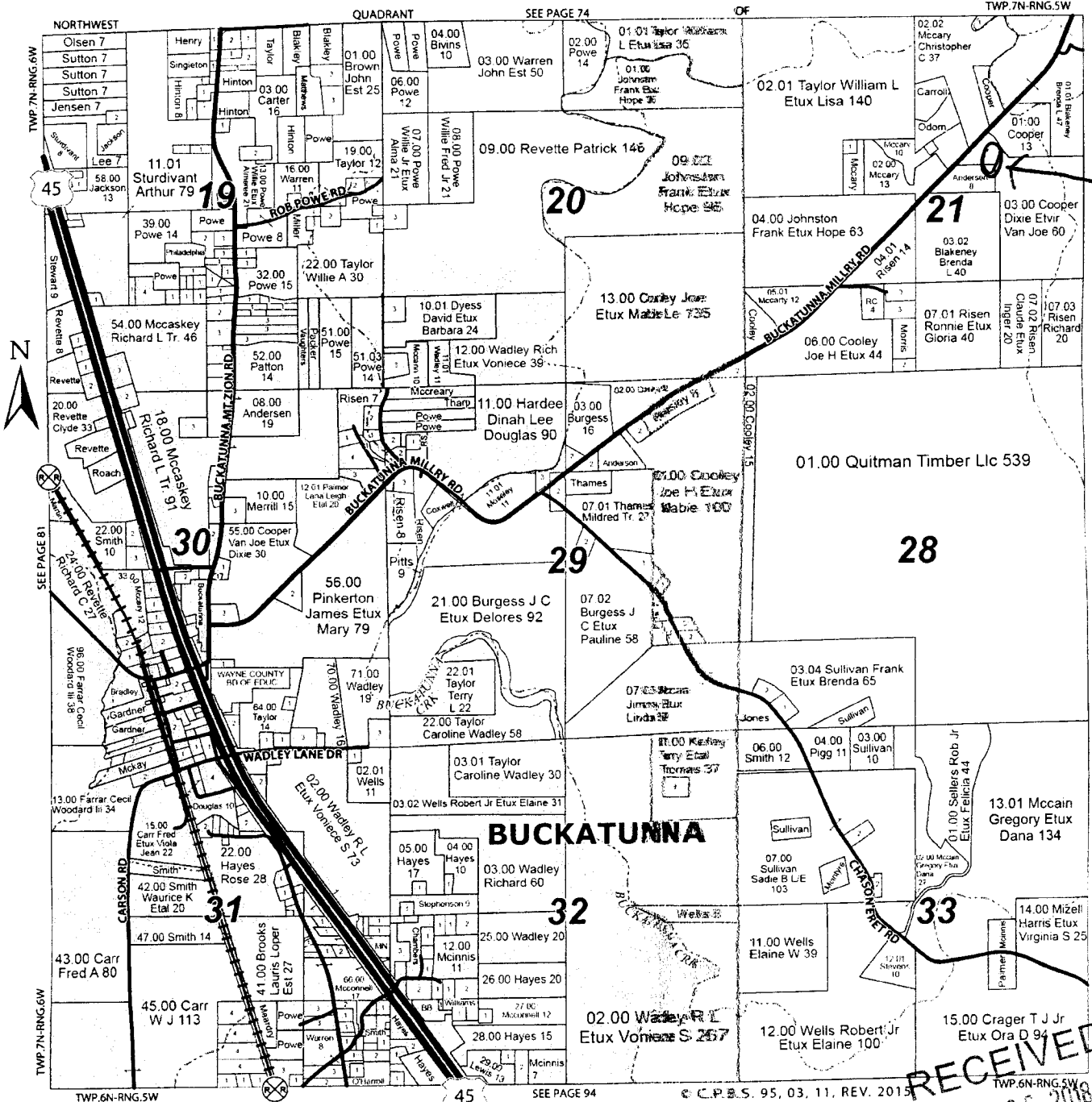
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

EARL MOSLEY 5496 Earl Mosley  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer





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