

# 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 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

**For Office Use Only:**

Well #: Y46  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: WAYNE  
Permit #: 5496  
Driller: EARL MUSELEY  
Date drilling completed: 6-22-13

*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.*

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>ALTON GUY</u>	Latitude: <u>N. 31.26.21</u> Longitude: <u>W 88.36.45</u>
Mailing Address: <u>260 CHICKASAW COUNTY</u> <u>LINE CHURCH RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>STATE LINE MS 39362</u>	SE <u>1/4</u> SE <u>SW</u> <u>1/4</u> , Sec <u>33</u> T. <u>6N</u> R. <u>6W</u>
City _____ State _____ Zip Code _____	<u>8</u> Miles <u>NE</u> of <u>STATELINE</u>
Telephone No. (Cell) <u>648 2923</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>6-22-13</u> Date drilling completed: <u>6-23-13</u> Hole depth: <u>262'</u> Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: <u>837 COUNTY LAKE DENHAM RD</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>10.02 HTH = 2500 GAL</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>N/A</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) <u>N/A</u>
Static Water Level: <u>160</u> feet (above or below) land surface (circle one) Date measured: <u>6-24-13</u>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>262</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>232'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>30'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>#8</u> inches Setting depth: From <u>232</u> feet to <u>262</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

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BY: OLWR

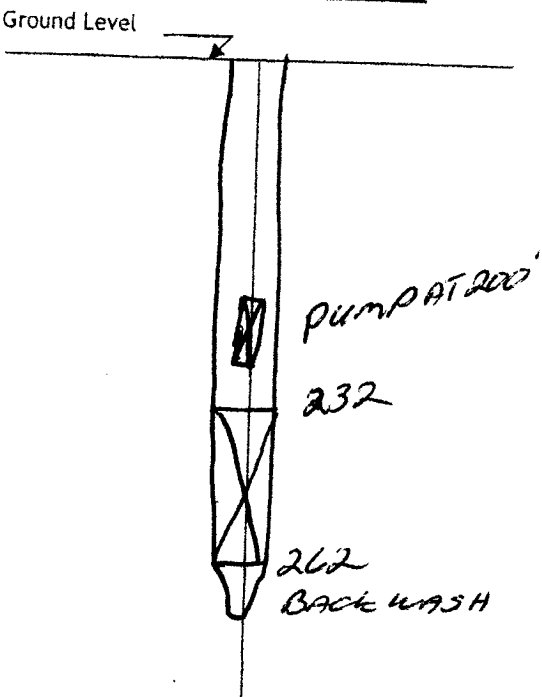
County: Wayne  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: Y46

The sketch below only required for water wells

If well telescopes, show depths on sketch.

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
RED SAND	2	10
WHITE SAND	10	13
YELLOW SAND	13	22
GRAY CLAY	22	72
F/SAND	72	74
F/F SAND	74	94
CLAY	94	99
SAND	101	115
<del>CLAY</del>	115	115
GRAY CLAY	115	136
FINE SAND	136	150
GRAY CLAY	150	162
SAND	162	166
CLAY	166	178
MED SAND	178	184
GRAY CLAY	184	208
FINE FINE SAND	208	231
FINE SHARP SAND	231	262

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) north arrow

FROM STATELINE 42 WEST 6 MILES TO  
 CHICORA GREEN COUNTY RD. ON RT GO 2 MILES  
 TO STATELINE CHICORA RD. ON LT GO 2 MILES  
 TO EARL DUND RD. ON LT GO TO END HOUSE ON  
 RT AT BLUE BERRY FARM

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Landowner Name: \_\_\_\_\_

I HEREBY 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 6-24-13 Earl Moseley  
 Print Name of Responsible Licensee and License No. Date 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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: Wayne  
 Permit #: 5496  
 Driller: Earl Moseley  
 Date completed: 6-22-13  
 Copy information from block on Part 1

**For Office Use Only:**

Well #: Y46  
 Aquifer: \_\_\_\_\_

*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>ALTON GUY</u>	Latitude: <u>N 31° 26' 24"</u> Longitude: <u>W 088° 36' 9.33"</u>
Mailing Address: <u>260 COUNTY LINE CHURCH RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>STATELINE MS</u> State: <u>MS</u> Zip Code: <u>39362</u>	<u>SW 1/4 SE 1/4, Sec. 33 T. 6N R. 6W</u>
Telephone No. (601) <u>648 2923</u>	<u>8</u> Miles <u>NE</u> of <u>STATELINE</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 6-24-13 Rated Pump Capacity: 50 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 3 HP Setting Depth: 200 feet Number of Stages: 7

**Pump Test Data for Non Flowing Well**

Date Well Tested: 6-24-13 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 162 Feet  Below Land Surface Pumping Water Level (B): 202 Feet Below Land Surface

Drawdown [(B) - (A)]: 40 Feet Below Land Surface Test Pumping Rate: 39 Gallons Per Minute

Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

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**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**JUL 16 2013**

**BY: OLWR**

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

EARL Moseley 5496 6-24-13 Earl Moseley  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer