

# 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: Z 81  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Wayne  
Permit #: \_\_\_\_\_  
Driller: Earl Moseley 5494  
Date drilling completed: 8-6-15

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>Michael Collins</u>	Latitude: <u>31° 31' <sup>14</sup> 244" N</u> Longitude: <u>88° 29' <sup>48</sup> 803" W</u>
Mailing Address: <u>113 LG Collins Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>STATELINE MS 39367</u>	USGS quad, <u>SE 1/4 NW 1/4 Sec 4</u> Twn <u>6N</u> Rng <u>17W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( )	<u>4</u> Miles <u>SOUTH</u> of <u>Buckatunga</u>

### Well / Borehole Data

Date drilling started: 8-5-15 Date drilling completed: 8-6-15 Hole depth: 105' Hole diameter: 4"  
Location of the source of any surface water used for drilling: 837 COUNTY LAKE DEATH RD  
Method of dosing and volume of Chlorine used in drilling and development: 402 HTH PER 1000  
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: 70 feet above or below (circle one) land surface Date measured: 8-6-15  
Method of Measurement (circle one)  steel tape  electric tape  air line  other: \_\_\_\_\_  
Well depth: 105' Well grouted to a depth of 10' 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: #10 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 telescoped or more than one screen, describe on next page**

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

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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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_

Well #: 281

Elevation: \_\_\_\_\_

County: Wayne

Permit #: \_\_\_\_\_

Driller: Earl Moseley

Date completed: 8-6-15

*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

Owner Name: Michael Collins

Mailing Address: 113 LG Collins Rd

STATE Line MS 39362  
 City State Zip Code

Telephone No. ( ) \_\_\_\_\_

### Well Location

Latitude: 31-31-247 Longitude: 88-29-803

Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_

USGS quad \_\_\_\_\_, Hand-held GPS  Survey-grade GPS \_\_\_\_\_

\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_

Distance Direction Nearest Town

4 Miles SOUTH of Buckatunna

### Pump Type

Circle one

Air Lift Jet  Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 8-8-15

Rated Pump Capacity: 7 GPM Gallons Per Minute

### Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 7 GPM

Setting Depth: 100' feet

Number of Stages: \_\_\_\_\_

### Pump Test Data

Date Well Tested: 8-8-15

Static Water Level (A): 70 Feet Below Land Surface

Pumping Water Level (B): 100 Feet Below Land Surface

Drawdown [(B) - (A)]: 30 Feet Below Land Surface

Test Pumping Rate: 10 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

### Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line  Steel Tape

Other (specify): \_\_\_\_\_

For flowing well, measured shut in head: \_\_\_\_\_ feet

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

Earl Moseley  
 Signature of Pump Installer

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SEP 15 2015

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

BY: OLWR