

County: Wayne
 Permit #: _____
 Driller: EARL ROSEBY
 Date drilling completed: 8-2-17

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 39226
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: 782
 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: KEVIN OWN
 Mailing Address: 27 CASERBRET RD
STATE LINE MS 39362
 City State Zip Code
 Telephone No: (601) 381-2564

Well or Borehole Location

Latitude: 31° 28' 64.8" Longitude: 88° 28' 56.7"
31-28-39 88-28-34
 Method of Lat/Long (circle one): Conventional Survey

USGS quad: _____ Hand-held GPS: _____ Survey-grade GPS: _____
 NE NW SE 1/4 Sec 22 Twn 6N Rng 5W

Distance Direction Nearest Town
14 Miles SOUTH of WAYNESBORO

Well / Borehole Data

Date drilling started: 8-2-17 Date drilling completed: 8-2-17 Hole depth: 150 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 937 COUNTY LAKE DRILLING RD
 Method of dosing and volume of Chlorine used in drilling and development: 4.02 HTH PC 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) _____

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 8-2-17

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

Well depth: 150 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
AUG 23 2017

Casing length: 130 feet Casing diameter: 4" inches Type of casing: PVC
BY OLWR

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 130 feet to 150 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

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
 Installer: EARL MOSELEY
 Date completed: 8-2-17
 Copy information from back on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Z82
 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	
Owner Name: <u>KEVIN ODOM</u>	Well Location: <u>31-28-39</u> <u>88-28-34</u>
Mailing Address: <u>27 CHASEN CIRCLE</u>	Latitude: <u>31-28-48</u> Longitude: <u>88-28-517</u>
<u>STATELINE MS 39362</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey
City State Zip Code	<input type="checkbox"/> USGS quad <input checked="" type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
Telephone No. <u>(601) 381 2564</u>	<u>NE 1/4 SE 1/4</u> Sec <u>22</u> T <u>6N</u> R <u>5W</u>
	Distance Direction Nearest Town
	<u>0.14</u> miles <u>SOUTH</u> <u>Waynesboro</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>8-4-17</u> Rated Pump Capacity: <u>65</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5 HP</u> Setting Depth: <u>100</u> feet Number of Stages: _____

RECEIVED

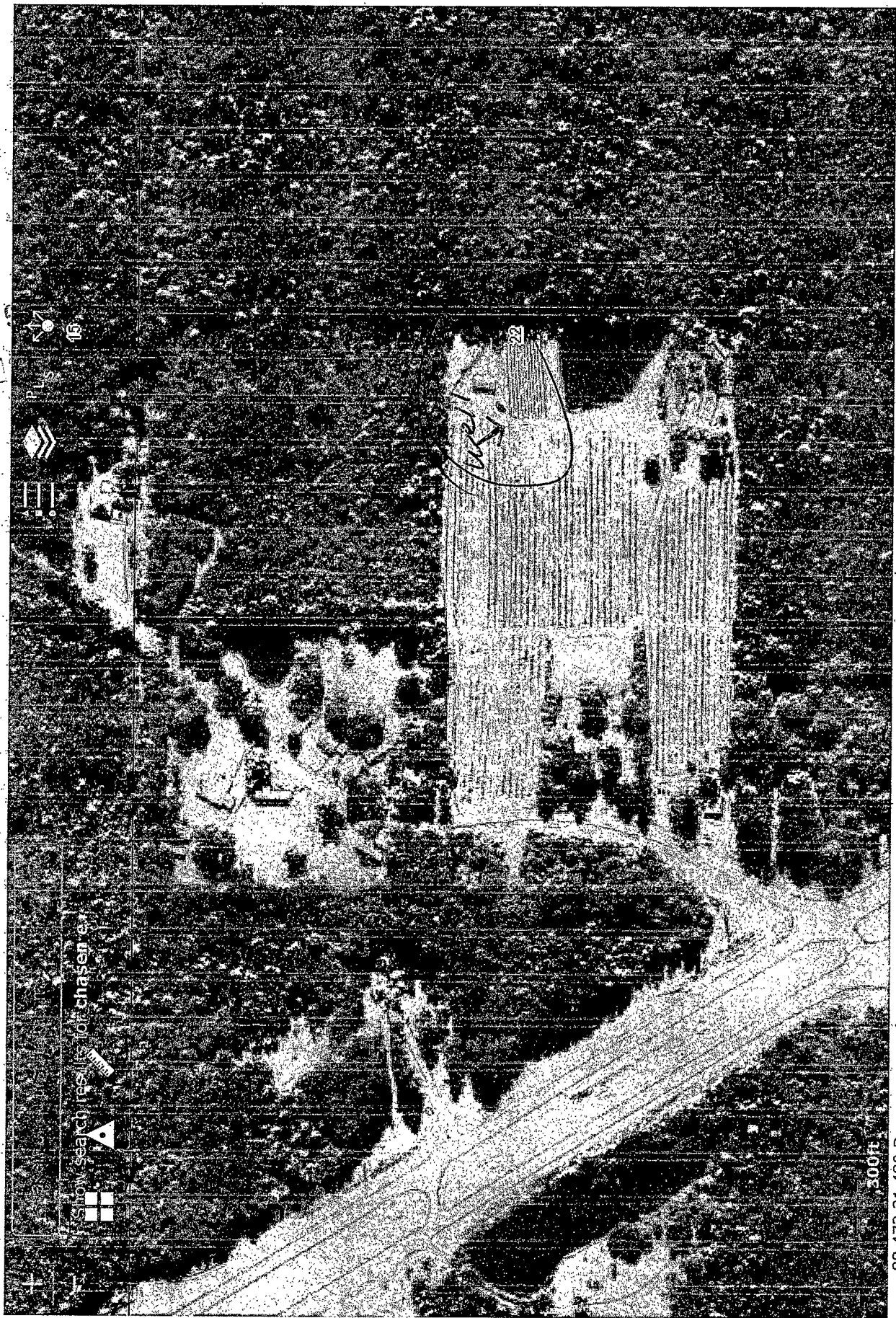
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-4-17</u> Static Water Level (A): <u>40</u> Feet Below Land Surface Pumping Water Level (B): <u>100</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface Test Pumping Rate: <u>107</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured about in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

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



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Environmental Geology

MDEQ Office of Geology

Mississippi Boreholes



Show search results for chosen area

300ft

-88.472 31.480 Degrees

Z 82