

well # 1

County: Wayne
 Permit #: 5496
 Driller: EARL MOSELEY
 Date drilling completed: 7-15-16

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 #: 283
 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: Richy Anderson
 Mailing Address: 371 CHASUN BLVD
STATE LINE MS
 City _____ State _____ Zip Code _____
 Telephone No. (601) 410 4922

Well or Borehole Location

Latitude: 31° 29' 43" Longitude: 88° 28' 38"
31-29-54 88-28-23
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad Hand-held GPS, Survey-grade GPS
W 1/4 SE 1/4 Sec 10, Twn 6N, Rng 5E
 Distance _____ Direction _____ Nearest Town _____
4 Miles SOUTH of Buckatunga

Well / Borehole Data

Date drilling started: _____ Date drilling completed: _____ Hole depth: _____ Hole diameter: 4"
 Location of the source of any surface water used for drilling: 837 COUNTY LAKE DENHAM RD.
 Method of dosing and volume of Chlorine used in drilling and development: 4 OZ HTH PER 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: 78 feet above or below (circle one) land surface Date measured: 7-19-16
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 145' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 125' 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 125' feet to 145' 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)

Received

OCT 05 2016

By OLWR

well 1

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: _____
 Permit #: 5496
 Driller: EARL MOSELEY
 Date completed: 7-18-16
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: 783
 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>RICHIE ANDERSON</u>		<u>31-29-5A</u>	<u>88-28-23</u>
Mailing Address: <u>371 CHASON ERECT RD</u>		Latitude: <u>31.29.903</u>	Longitude: <u>88.28.384</u>
<u>STATELINE MS</u>		Method of Lat/Long (check one): Conventional Survey _____	
City State Zip Code		USGS quad: _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
Telephone No. <u>(601) 410 4922</u>		<u>NW 1/4 SE 1/4 Sec 10 T 6N R 5E</u>	
		Distance	Direction
		<u>4</u> Miles	<u>SOUTH</u> of <u>BUCKATUNGA</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>2 HP.</u>		
Date Pump Installed: <u>7-26-16</u>			Setting Depth: <u>120'</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>7-26-17</u>		Air Line	<u>Electric Measuring Line</u>
Static Water Level (A): <u>78</u> Feet Below Land Surface		Other (specify): <u>Steel Tape</u>	
Pumping Water Level (B): <u>120</u> Feet Below Land Surface		For flowing well, measured shut in head: _____ feet	
Drawdown [(B) - (A)]: <u>42</u> Feet Below Land Surface		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
Test Pumping Rate: <u>42</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 MOSELEY 5496 Earl Moseley
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Received
 OCT 05 2016
 Form: OLWR-SWR-1B (04/08)
 By OLWR