

well #2

County: WAYNE
 Permit #: 5496
 Driller: EARL MOSELEY
 Date drilling completed: 7-20-16

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 #: 7.84
 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.

<p align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Richy Anderson</u> Mailing Address: <u>371 CHASON CRET RD</u> <u>STATE LINE MS.</u> City: _____ State: _____ Zip Code: _____ Telephone No. <u>(601) 410 4922</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>31° 29' 903"</u> Longitude: <u>88° 28' 389"</u> <u>31-29-54</u> <u>88-28-23</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held</u> GPS, Survey-grade GPS <u>SE</u> <u>1/4</u> <u>1/4</u> Sec <u>10</u> Twn <u>6N</u> Rng <u>5W</u> Distance Direction Nearest Town <u>4</u> Miles <u>SOUTH</u> of <u>Buckatanna</u></p>
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Well / Borehole Data

Date drilling started: 7-18-16 Date drilling completed: 7-20-16 Hole depth: 135 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: 7-26-16

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

Well depth: 135 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 115 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 115 feet to 135 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)

OCT 05 2016

By OLWR

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 MOSELEY
 Date completed: 7-20-16
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Z8A
 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	31-29-54 Well Location 88-28-23
Owner Name: <u>Richy Anderson</u>	Latitude: <u>31.29903</u> Longitude: <u>88.28389</u>
Mailing Address: <u>371 CHASON FRETTO</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>STATE Line MS.</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW</u> <u>1/4 SE</u> <u>1/4 Sec 10</u> T <u>6N</u> R <u>5W</u>
Telephone No. <u>(601) 410 4922</u>	Distance _____ Direction _____ Nearest Town _____
	<u>4</u> Miles <u>SOUTH of</u> <u>BUCKALANA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor 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>7-26-16</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>78</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>135</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>57</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>40</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>40</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

By OLWR

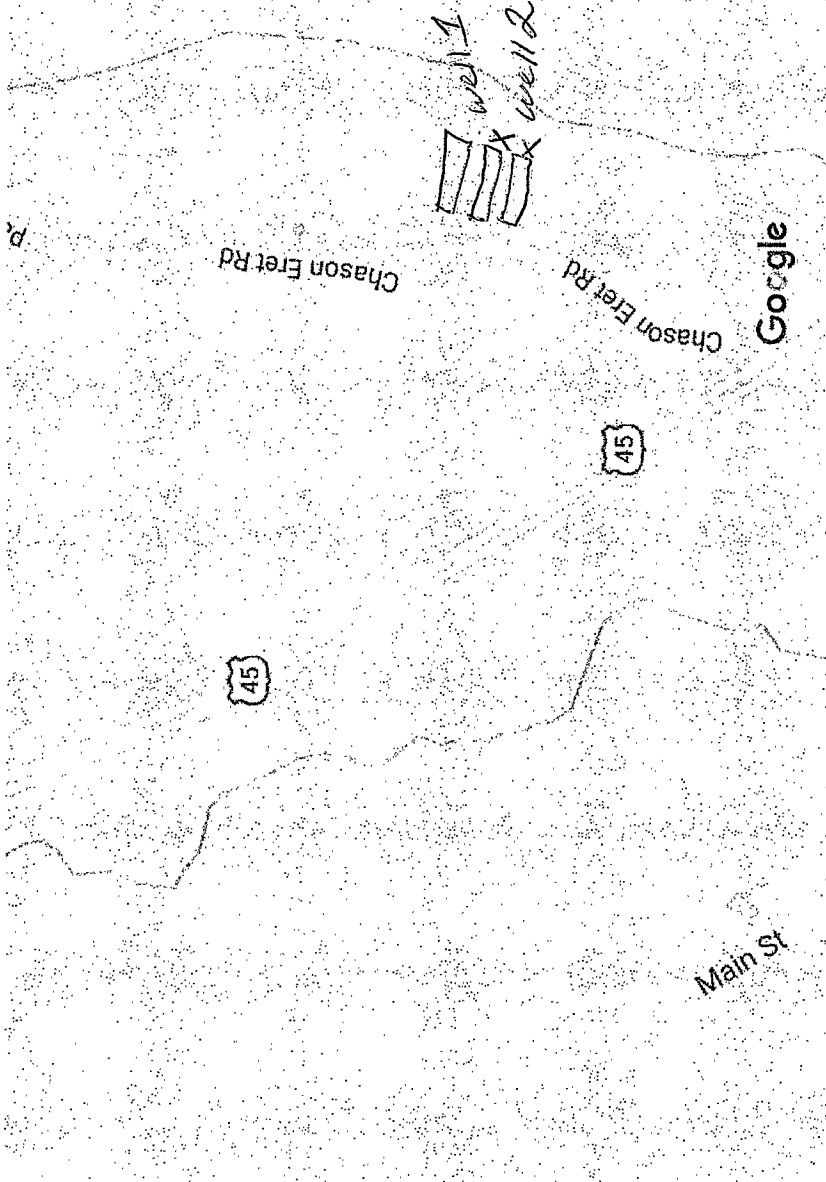
OCT 05 2016

Received

MA
1911

St Line Copeland Rd

Map data ©2016 Google 2000 ft



Google Maps

Main St

45

45

Chason Eret Rd

Chason Eret Rd

Google

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