

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 #: 0175
Aquifer: _____
E-Log #: _____

129

County: Bolivar
Permit #: GW50848
Driller: Cook Drilling
Date drilling completed: 7-28-19

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Wiget Margery</u>	Latitude: <u>33.664842</u> Longitude: <u>-90.867516</u>
Mailing Address: <u>1579 Hwy 446</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Boyle</u> City <u>MS</u> State <u>38730</u> Zip code	<u>NE 1/4 SE 1/4, Sec 13 T21N R07W</u>
Telephone No. <u>() -</u>	<u>6</u> Miles <u>SW</u> of <u>Skenezeles</u> <small>(Distance) (Direction) (Nearest Town)</small>

Well / Borehole Data
Date drilling started: <u>7-28-19</u> Date drilling completed: <u>7-28-19</u> Hole depth: <u>120</u> Hole diameter: <u>26"</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check 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): _____
Purpose of borehole (check one): <input type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input checked="" type="checkbox"/> Other (describe) <u>Irrigation</u>
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>42'</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>7-28-19</u> <small>(check one)</small>
Method of Measurement (check 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>120'</u> Well grouted to a depth of: <u>20</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix
Casing length: <u>80</u> feet Casing diameter: <u>16"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>050</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/> 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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Form: OLWR-SWR-1A (4/13)

BY OLWR

County: _____
 Permit #: _____
 Driller: _____
 Date drilling completed: _____
Copy information from block on Part 1

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)

Well #: 0175
 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>Legger Margery</u>	Latitude: <u>33.664842</u> Longitude: <u>-90.867516</u>
Mailing Address: <u>1579 Hwy 446</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Boyle</u> City <u>MS</u> State <u>38730</u> Zip code	<u>NE 1/4 SE 1/4, Sec 13 T21N R7W</u> <u>21N 7W</u>
Telephone No. () -	<u>6</u> Miles <u>SW</u> of <u>SKAON</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed 7-20-19 Rated Pump Capacity: 2000 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

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

Horse Power Rating of Motor: 60 Setting Depth: 80' feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 42' Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

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

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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 (check 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.

Sidney Cook 289 2-20-20 Sidney Cook
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

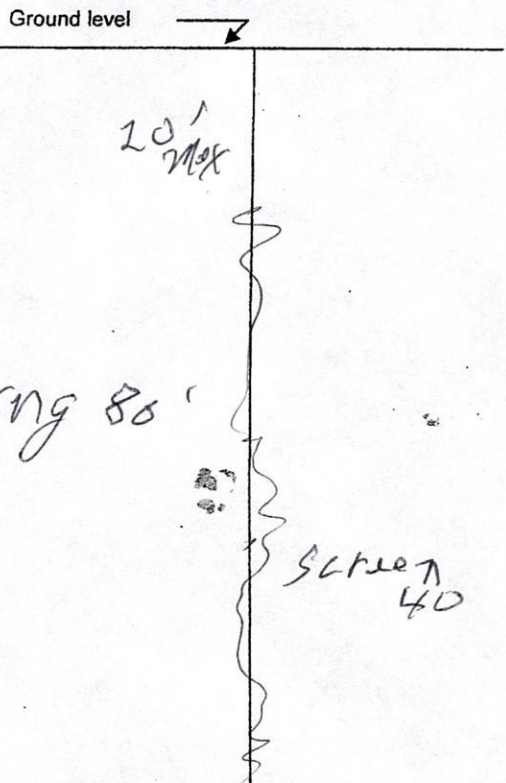
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County: Bolivar
 Permit #: GW 50849

For Office Use Only:
 Well #: _____

*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)
Clay	Ground level	35'
fine sand	35'	65'
sand & gravel	65'	120'

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) a north arrow

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Landowner Name: Robert Yager Matgerly

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.

Print Name of Responsible Licensee and License No. Sidney Cook 289 Date 2-20-20 Signature of Licensee Sidney Cook

Form: OLWR-SWR-1A (04/08)
 Form: OLWR-SWR-1A (4/13)