

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Coahoma
Permit #: _____
Driller: _____
Date drilling completed: 9-27-06

For Office Use Only:
Aquifer: _____
Well #: G-47
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)	Well or Borehole Location
Owner Name: <u>Doug BORGOGNONI</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>311 Cypress</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Clarksdale Ms. 38614</u>	_____ 1/4 _____ 1/4 Sec <u>12</u> Twn <u>26N</u> Rng <u>7W</u>
Telephone No. <u>(662) 902-2723</u>	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>SW</u> of <u>RENA LARA</u>

Well / Borehole Data

Date drilling started: 9-21-06 Date drilling completed: 9-27-06 Hole depth: 470 Hole diameter: 7 1/2"

Location of the source of any surface water used for drilling: RENA LARA, MS.

Method of dosing and volume of Chlorine used in drilling and development: _____

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: 51 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 470 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 460 feet Casing diameter: 4x2 inches Type of casing: Steel

Screen length: 10 feet Screen diameter: 2 inches Type of screen: wire wrap screens

Screen slot size: .010 inches Setting depth: From 460 feet to 470 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: 168' feet. ***If telescoped or more than one screen, describe on next page***

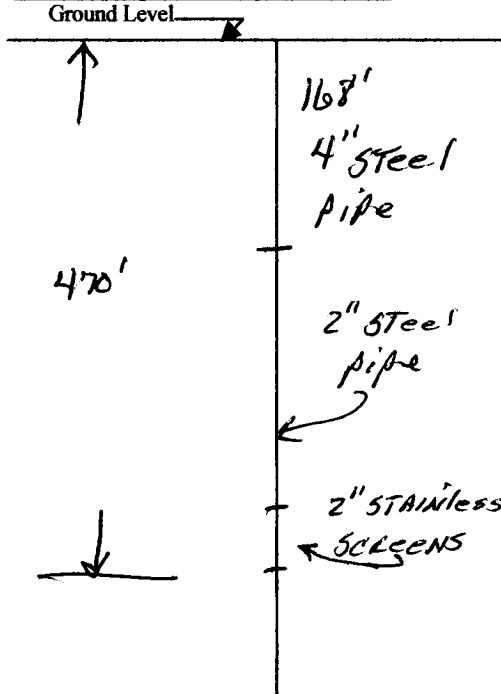
Form: OLWR-SWR-1A

RECEIVED
OCT 13 2006
BY: OLWR

G-47

The sketch below only required for water wells

If well telescopes, show depths on sketch.

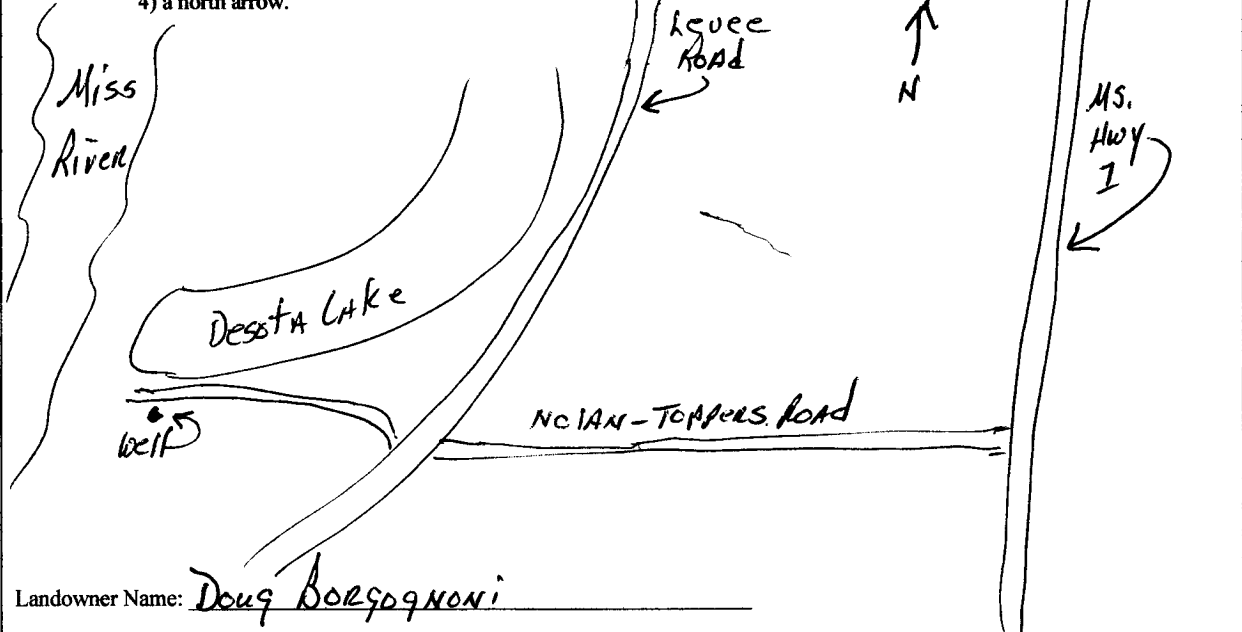


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Sand & Clay	0	110
Gravel & Sand	110	170
Clay	170	250
Clay w/ Sand Streaks	250	310
Clay	310	350
Clay w/ Sand Streaks	350	400
Sand	400	470

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.



Landowner Name: Doug Borgognoni

Form: OLWR-SWR-1A

I 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.

Robert E. Ratliff 0-002 9-27-06

Robert E. Ratliff

Print Name of Responsible Licensee and License No. Date Signature of Licensee

RECEIVED
OCT 13 2006
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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Coahoma
 Permit #: _____
 Driller: _____
 Date completed: 9-27-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G-47
 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>Doug Borgognoni</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>311 Cypress</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarksdale MS 38614</u> City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. <u>(662) 902-2723</u>	_____ 1/4 _____ 1/4 Sec <u>12</u> T <u>26N</u> R <u>7W</u>
	Distance Direction Nearest Town
	<u>5</u> Miles <u>SW</u> of <u>RENA LARA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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: _____
Date Pump Installed: <u>9-28-06</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-28-06</u>	Air Line <input type="radio"/> <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>51</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>56</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of
Test Pumping Rate: <u>25</u> Gallons Per Minute	<u>5</u> feet after <u>4</u> hours of pumping
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.

Dan Ratliff 0-745P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED

OCT 13 2006

BY: OLWR